

CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

October 31 1981

No on-cost
remuneration:
SNC proposals
in detail

Westric 'link'
with their
customers

Astral jar
'misleading'
jury finds

Pharmacist to
be struck off

Elida Gibbs
cut Goggles

A baby with infant colic needs more than a drop of bubbly

Most remedies for infant colic and griping pains work on the same principle. Dose a baby with an effervescent solution to literally blow the wind out.

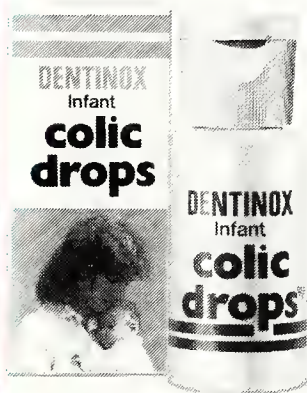
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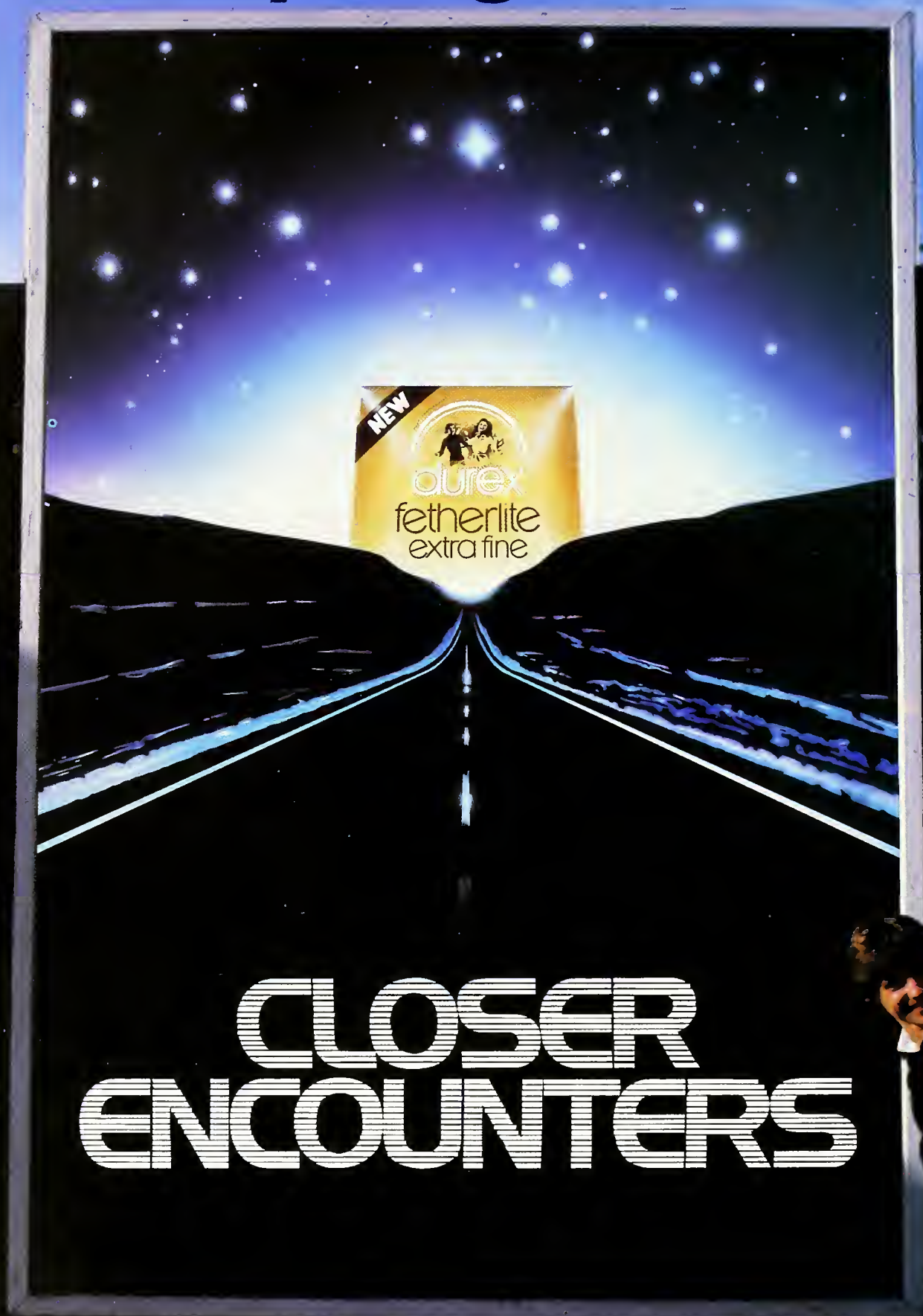


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CHEMIST & DRUGGIST

Incorporating Retail Chemist

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CONTENTS

Remuneration without on-cost

Details of PSNC proposals 816

Vestric launch "link" computer

First of a new package 818

Cardiovascular system (2b)

Clinical pharmacy series 827

Notional salary up to £10,350

Report to PSNC meeting 843

Astral packaging

"Public mislead by jar sizes" 846

Comment 815

Topical reflections by Xrayser 819

People 819

Prescription specialities 820

Counterpoints 821

PSNI Council 842

Letters 844

News extra 845

Business news 846

Market news; coming events 847

Classified advertisements 848

COMMENT

Writers' code

There have been suggestions that journalists should be bound by a code of conduct when writing about medical topics.

Speakers at a Medical Journalists Association symposium, sponsored recently by Ciba-Geigy Pharmaceuticals, pointed out that there are codes of practice — not to mention legal constraints — controlling what the industry can say about its medicines yet there are no corresponding codes for journalists. Similarly, those professions most involved with medicines — pharmacists and doctors — are bound by their professional organisations to conform to certain standards of behaviour and are prevented from practising if they fail to do so.

Dr Eric Snell, the Association of the British Pharmaceutical Industry's director of scientific and medical affairs, said that advertising of OTC medicines, for example, had to be "balanced and fair"; medical journalists, perhaps more so than other journalists, had an equal responsibility to be "balanced and fair" in their reporting.

"Medical journalism is rather like a medicine," he commented. "If properly researched, and presented with due regard to the balance of risk and benefit, it can only do good." Otherwise it was a positive danger to health, he thought.

Overall, medical journalism has probably done far more good than harm in the past and has a vital role to play in preventive medicine in the future, not least in making healthy lifestyles more fashionable.

The Medical Journalists Association — whose current chairman, incidentally, is a pharmacist — was set up in 1967 with one of its aims being to encourage high standards. This coming year its executive committee will investigate the possibility of drawing up a code of conduct so that the Association will have more power to

bring into line any less responsible "outsiders."

This may be difficult because journalists rightly resent any moves that suggest interference with the freedom of the Press. But there must be a way to enforce standards without imposing all the restrictions of a profession, and pharmacists who have had to cope with the results of unfounded scare stories or reports of unproven "wonder drugs" will wish the Association every success. ■

Simple and fair?

"A simplification which would enable contractors more readily to understand the method of payment yet nevertheless reimburse small and large contractors equitably through a differential system." That laudable aim appears almost to have been achieved by the proposed new system of remuneration now set out in detail by the Pharmaceutical Services Negotiating Committee (p816). Indeed, with substitution of a practice allowance and fee for on-cost it is remarkable how near to current remuneration the proposals come for each contractor group (see appendix 4).

What is not being simplified, of course, is the costs side of the balance sheet from which accrues the monies to be distributed. It is perhaps this side that most confuses the contractor, but it is best left to the statisticians because the day politicians are able to apply a "norm" to a cost-plus contract — as recently threatened by Dr Gerard Vaughan — would be a black one indeed for pharmacists and NHS patients.

Here too lies the danger in simplification of payments. While running expenses are reimbursed through on-cost they can be inflation-proofed without a percentage change being apparent: when there are only Practice Allowance and fees to be considered, it will take some public relations skill to make any Review Panel awards politically acceptable. ■

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Draft 'no on-cost' contract in full

The workings and advantages of the proposed "simplified" NHS remuneration are being circulated to LPCs by the Pharmaceutical Services Negotiating Committee, prior to presentation at the LPC conference on March 7, 1982. The proposals include a Practice Allowance of up to £8,000 and higher dispensing fees to replace on-cost (see *C&D* last week). The proposals and PSNC costings are set out in full below.

1. The basis of NHS remuneration provides that the overall amount due to be paid in respect of prescriptions dispensed consists of the sum of the following:—
(a) cost of materials: (i) drugs, dressings and appliances, ie net ingredient cost less discount per a graduated scale; (ii) containers;
(b) labour and overhead costs (NHS proportion);
(c) net profit margin.
2. Items (b) and (c) are reimbursed to contractors by payment of:—
(a) a professional fee per prescription;
(b) a graduated on-cost per prescription calculated as a percentage of the net ingredient cost;
(c) a basic practice allowance (BPA) paid on a flat rate basis and not related to the number of prescriptions dispensed;
(d) sundry payments, ie rota and oxygen therapy service fees and pre-registration trainees grant.

3. From the contractors' point of view, it has become increasingly difficult to understand the payments received and what they accurately reimburse because of the complexity of the system of payment. Gone are the days when the professional fee represented labour costs and the on-cost the overheads with a proportion of the net profit margin in each of those two elements of remuneration.

Contractors unimpressed

4. The contractor is, therefore, focussing attention upon his monthly gross NHS receipt for that, to him, is all that matters and he is not impressed by finely-tuned scales of on-cost or discount designed to reflect the differing costs of operating a business.
5. It is, therefore, proposed that consideration be given to a simplification which would enable contractors more readily to understand the method of payment yet nevertheless seeks to

- reimburse small and large contractors equitably through a differential system.
6. The proposal comprises the following two separate elements:—
(i) elimination of the discount scale by deducting the total discount due from total NHS remuneration due per the balance sheet;
(ii) elimination of the on-cost scale. The net total remuneration due per (i) would be paid by means of a greatly enhanced BPA (to be renamed Practice Allowance — PA) and higher fees but existing special payments would continue, ie Essential Small Pharmacies Scheme, rota, oxygen, pre-registration training grants and additional fees. The combination of the PA and fee would reflect the differing discount terms available to small and large contractors and the varying operating costs which they incur.

Advantages

7. The advantages and relevant comments are as follows:—
(a) the system of payment would be simplified. The interaction of the on-cost and discount scales which give rise to the "dipper" effect would be eliminated. If remuneration is intended to reimburse costs and profit on a group by group basis — the principle used since 1978 — the calculation would be simplified by using a combination of one flat-rate payment (PA) and one item of service payment, a fee per prescription;
(b) the enhancement of the PA to the £8,000 level or above would provide a greater financial incentive to rational location and act as a more effective deterrent against "leapfroggers". Those pharmacies having opened between July 1 1980, and the date of introduction of the new system of payment and not in receipt of the current BPA would be allowed to re-appeal for payment of the PA to ensure equality in the light of the significant

change of the system of payment;
(c) historically the balance sheet has been "overheated" by on-cost payments based on net ingredient costs (NIC) which have inflated more rapidly than expected. The cessation of on-cost payments would end the differential between contractors having a high average NIC and those with a low NIC per prescription and would permit the regular revision of the PA and fees — this could be linked with the determination of remuneration on an annual basis with the assistance of the Pharmacy Review Panel. Future trends in NIC may be affected by the report of the Working Party on Prescribing Costs and Government action in respect of cash limits, triple prescriptions and the greater use of generics so that NIC-related remuneration may become less certain;
(d) the enhancement of the fee would reflect the increasing importance of the advisory role of the pharmacist who would not be influenced by the effect of drug costs on his remuneration;
(e) the payment of a PA of £8,000 or more may be seen as a sinecure to the very small contractor. It will therefore be necessary to graduate the PA payment for example, from £4,000 at the level of 2,000 prescriptions per annum to £8,000 at the level of 10,000 prescriptions per annum. Part-time pharmacies will receive the PA according to their prescription volume;
(f) it has been argued in the past that on-cost payments provide a hedge against

Appendix 1: Comparison of present and proposed system of payment based on 1982 balance sheet forecast

<i>Assume:</i>			
Net ingredient cost	p/Rx	313.50	
	£m	1,003.200	(320m Rx)
Discount at 5.44%	p/Rx	17.05	
	£m	54.560	(320m Rx)
Estimate of balance sheet amount due (operating costs + net profit)	£m	273.232	
<i>Then</i>			
	System of payment		
	Present (£m)	Proposed (£m)	
<i>Amount due</i>			
Net ingredient cost	1,003.200	1,003.200	
Less discount	(54.560)	—	
	948.640	1003.200	
Balance sheet amount due	273.232	273.232	
Less: discount	—	(54.560)	
Total due	1,221.872	1,221.872	
<i>Payments</i>			
Net ingredient costs	948.640	1,003.200	
BPA £2,400;			
PA £8,000	22.320	74.400	
Standard fees (40.00p, 42.10p)	128.000	134.722	
Non-standard fees	3.500	3.500	
On-cost	113.362	—	
Sundry (rota, oxygen, etc)	6.050	6.050	
Total paid	1,221.872	1,221.872	

inflation. This may be true when lengthy delays have occurred in agreeing balance sheet figures with DHSS but the remuneration due remains the same whatever the means by which it is paid to contractors. As noted in (c) above a system of annual review would permit the cessation of on-cost by aiming to pay out in a year the sum agreed to be due;

8. Illustrations of the change in the system of payment and the financial effect on contractors with different prescription volumes are set out in the following appendices. It must be emphasised that the models (based on 1982 balance sheet figures) serve to illustrate the principle of the scheme, ie to establish the level of NHS payments for all sizes of contractor as closely as possible to the existing level. The models used do not represent a commitment to specific figures, which would depend on the timing of the introduction of the new system and negotiation with the Secretary of State. Ideally any change would be effected to coincide with the availability of new / additional balance sheet money which would be used to ensure a "no detriment" position for all contractors.



At Bradford, Mrs Eileen Simpson of Bone & Pickles Ltd, 285 Bradford Road, Shipley earned herself a place in the final of this year's Chemist Assistant of the Year competition. In second place was Mrs Halina Smith and in third position Mrs Dorothy Alexander. A prize in the under 19 category was awarded to Miss Alison Craven. The competition is sponsored jointly by C&D and NPA Products and the regional final by Bradford Chemist Alliance. Pictured are the three prizewinners and the regional finalists.



Tables below are based on:—

	Present	Proposed
Fee per Rx	40.00p	42.10p
On-cost	Scale applied to NIC	Nil
BPA per month	£200	£666.67
Discount (5.44%)	Scale applied to NIC	Deducted from balance sheet global sum

Appendix 2: Present system — 1982

Prescriptions pa	(000's)	12	24	36	48	60	72	84	96	108	120
Net ingredient cost	p	313.50	313.50	313.50	313.50	313.50	313.50	313.50	313.50	313.50	313.50
Containers	p	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Payment for materials (A)	p	317.50	317.50	317.50	317.50	317.50	317.50	317.50	317.50	317.50	317.50
Fees (standard) 40.00p	p	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00
On cost (NIC 313.50p)	p	63.33	39.19	34.17	31.66	28.22	28.22	28.22	28.22	28.22	28.22
BPA (£2,400pa)	p	20.00	10.00	6.67	5.00	4.00	3.33	2.86	2.50	2.22	2.00
Payment for cost + profit	p	123.33	89.19	80.84	76.66	72.22	71.55	71.08	70.72	70.44	70.22
Less: discount per scale	p	8.81	13.26	17.15	20.06	20.06	20.06	20.06	20.06	20.06	20.06
Subtotal (B)	p	114.52	75.93	63.69	56.60	52.16	51.49	51.02	50.66	50.38	50.16
Total NHS payment											
— per prescription (A) + (B)	p	432.02	393.43	381.19	374.10	369.66	368.99	368.52	368.16	367.88	367.66
— per month	£	4,320	7,869	11,436	14,964	18,483	22,139	25,796	29,453	33,109	36,766

Appendix 3: Proposed system — 1982

Net ingredient cost	p	313.50	313.50	313.50	313.50	313.50	313.50	313.50	313.50	313.50	313.50
Containers	p	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Payment for materials (A)	p	317.50	317.50	317.50	317.50	317.50	317.50	317.50	317.50	317.50	317.50
Practice allowance (£8000pa)	p	66.67	33.33	22.22	16.67	13.33	11.11	9.52	8.33	7.41	6.67
Fees 42.10	p	42.10	42.10	42.10	42.10	42.10	42.10	42.10	42.10	42.10	42.10
Subtotal (B)	p	108.77	75.43	64.32	58.77	55.43	53.21	51.62	50.43	49.51	48.77
Total NHS payment											
— per prescription (A) + (B)	p	426.27	392.93	381.82	376.27	372.93	370.71	369.12	367.93	367.01	366.27
— per month	£	4,263	7,859	11,455	15,051	18,647	22,243	25,838	29,434	33,031	36,627

Appendix 4: Comparison of total NHS payment per month under present and proposed system — 1982

Total monthly NHS payment											
— present system	£	4,320	7,869	11,436	14,964	18,483	22,139	25,796	29,453	33,109	36,766
— proposed system	£	4,263	7,859	11,455	15,051	18,647	22,243	25,838	29,434	33,031	36,627
— gain/(loss)		(57)	(10)	19	87	164	104	42	(19)	(78)	(139)

Vestric's Link computer system supersedes keypad

Vestric have launched their Link pharmacy computer system, described as "a development effectively superseding the keypad system with a whole range of innovative features and a versatility which stretches beyond keypad's limitations."

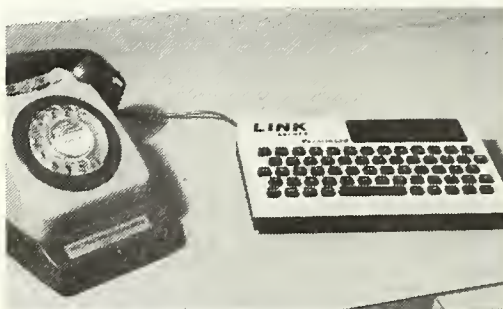
Level one of the system is automated order entry, using a Link pad and a modem fitted to the bottom of a telephone. The modem overcomes problems encountered with keypad systems using an acoustic coupler, say Vestric. Link has an alpha-numeric keyboard of standard typewriter layout and a 16-character display panel. The unit is about 6 x 10 x 2 inches and primarily designed for desk-top use — although Vestric say it can easily be held in one hand, and with the addition of a rechargeable battery can become portable.

Although the system uses an alpha-numeric code, it can be programmed to accept a PIP code, EAN and other codes. An order is keyed in as with the keypad system, and transmitted via the modem when the wholesaler telephones at a prearranged time. The pharmacist can phone his local branch 24 hours a day to give orders — at night a receiver transfers orders to the main-frame computer. The computer can be preloaded with a series of account numbers if a customer wishes to order for a number of branches from one Link unit.

Communication

Vestric emphasise that the system provides two-way communication between Vestric depot and customer. In addition to an order, queries on prices can be made, which will receive instant reply and can be brought up on the display, and any special instruction can be passed on by entering it (in plain language) with the order. The unit stores details of past orders and a warning is automatically flashed up if an item is duplicated within an order.

Details of price changes and special offers can be sent down from the



Above: Link with a telephone modem. Right: Link in its portable role. A battery has to be added if the pad is to be used in this way.

wholesale depot and read on the display. Vestric say pack labels will be supplied with every item ordered, giving the supply date, the price and the item code. The colour of the label will change every six months to facilitate stock control. By instructing the main-frame computer the retailer can set his own profit margin on products within a product group. Microfiche showing codes and product groups will be available for those with viewers.

Cost 'competitive'

The system will be explained to retailers in the forthcoming countrywide tour. No details of the cost have yet been released, although the unit can be rented or bought outright. Vestric say the rental will be highly competitive with present keypad systems. A representative will be made available for a day-and-a-half to train personnel in the use of Link, although the pad has a "help" facility if users forget where they are in the entry procedure.

Although the Link pad on its own would appear to offer no startling new innovations in terms of automatic ordering other than improved communication between wholesaler and retailer, the system has definite facility for extension. Link is based on the New Brain system manufactured by Grundy and marketed through Leasco of Maidenhead.



Mr R. Ingram of Leasco describes Link as the first of a new generation of multifunctional terminals aimed at the commercial user. Link could be used as a computer, to drive a cathode ray tube (CRT) and a label writer, and to communicate over telephone lines. By addition of a module the memory could be increased to four megabytes.

Further units can be added to the system to extend its facilities. Level two of Link will offer the addition of a printer and a CRT unit, giving the pharmacist his own label-printing facility. The units and computer programmes to achieve this should be available in about three months, say Vestric. With the monitor addition Viewdata or Prestel could be used, and it would be possible to use this facility to give details of promotions and price changes.

Level three is expected to be the addition of a floppy disc drive to further enhance the memory, so that patient records, stock control and accounting functions can be used. Again this is not available yet, but is expected to appear shortly. This will give a "stand alone" system which Vestric hope to be able to provide for some £500 less than other equivalent systems.

Level four envisages a system of "computer talking to computer", in which small multiples will be able to communicate from branch to branch. ■

Macarthy's issue 'profit share' writ

Macarthy's Ltd have issued a summons against the Secretary for Social Services ("first defendant") and Unichem Ltd ("second defendant"), it was learned as C&D went to press.

Macarthy's claim the following relief:— "A declaration that in calculating payments to chemists for the purposes of NHS prescriptions and for the purpose of compiling, publishing and preparing the Drug Tariff . . . the first defendant is acting lawfully in having regard to the profit share distributions

Continued opposite



What do you mean — "Can you play Space Invaders"???

Struck off for 'helping a friend'

A Perth pharmacist "helped a friend" by supplying him barbiturates without a prescription, the Pharmaceutical Society Statutory Committee was told this week. The offence came to light in tragic circumstances after the friend was found dead in bed, said Mr Jocelyn Hill for the Committee.

The Committee ordered that the name of Mr George Will Alexander, 65, proprietor of Blair's Chemist, 44 South Methven Street, be removed from the Register of the Pharmaceutical Society.

Mr Alexander appeared before the Committee following conviction at Perth Sheriff's Court in December, 1979, when he was fined £50 after admitting supplying Nembutal on three occasions to Mr James Brown Fraser without a prescription. Mr Hill said that Mr Fraser, a 51-year-old managing director, was found dead in bed at his home in September, 1979. The cause of death was inhaled vomit and acute alcohol and sedative poisoning. Nembutal was amongst the sedatives found in his body. Mr Hill said that Mr Fraser's doctor had never prescribed Nembutal. "There is no question here of these being emergency supplies on the promise of a prescription being supplied later."

Mr Alexander said that Mr Fraser told him in January, 1977, that he was leaving that day for a conference. He had run out of Nembutal capsules and did not have time to go to his doctor for a fresh prescription. Mr Alexander said he had supplied 12 capsules the first time and small quantities on two further occasions over the next three years. Mr Alexander agreed he did not ask for a prescription. He had known Mr Fraser for many years and felt he was "helping a friend".

Committee chairman, Sir Carl Aarvold, said Mr Alexander was a man of high repute among his fellows, with no record of previous misconduct. "He knew full well what was required of him, but decided to ignore the provisions of the Medicines Act and the dangers he must have known were inherent in handing out drugs of this kind to a friend". His behaviour was so foolish it was difficult to understand how an experienced pharmacist could take such action. It was a very serious piece of misconduct. ■

allowed by the second defendant, an industrial and provident society, to its members." The summons also claims "further or other relief" and costs.

Unichem said on Wednesday they welcomed the fact Macarthy's were also seeking a judicial declaration. They are "confident the courts will hold that the regulations do not permit profit share to be taken into account in computing the remuneration of retail pharmacists." ■

TOPICAL REFLECTIONS

By Xrayser

Fat Margins

A while ago I wrote to say that if I am to remain in business I have to work on a reasonable profit margin on most of the goods I sell, and that while with slow-selling lines I look for about 50 per cent on cost, I can accept less for what have become virtually pre-sold goods — that is, where I am seen to be a distributor both by customer and manufacturer. But how much less, and what constitutes "pre-sold", can become interesting questions.

I am looking at a copy of an invoice sent to a retail pharmacy recently by L'Oreal (Golden Ltd). Because the proprietor had lost the bonus sheet which showed the buying price, the recommended and the "cut" selling prices, he took a pencil to work out his margin on all the items. The first items were OK, but the last lines, for Elseve shampoo 300ml, gave him something of a surprise, since the bottles had a sleeve which said "At least 50p off recommended price of £1.35".

"Good deal" he must have thought, mentally congratulating himself on being able to offer his customers a big discount. Until he looked at the cost price. £8.92, which divided by 12 gives 74.3p plus VAT 11p = 85.3p; recommended retail price £1.35 less 50p = 85p That's what I call a fat margin. How about you?

Backtracking

Last week I rashly promised I would develop a theme on the organisations within pharmacy and now wish I hadn't because I have had a busy week and haven't had the time to do my homework properly. Nevertheless, because my feelings seem to be shared by others far worthier than me, it might be useful to look at the way our various bodies actually appear to work, in contrast to the way we expect them to.

I think the small independent chemist sees the NPA as a body set up to offer services so that he has a competent advisor on business matters at hand — primarily a trade association designed to advance and secure the retailing future of the independent chemist. It is felt that the larger companies are well able to look after themselves and have no right to be sharing the benefits, which are seen as helping the smaller men remain profitable in competition with the larger groupings within pharmacy, as well as without.

Thus I can't see the justification for allowing Safeway or Tesco to have membership, since they are already so highly efficient as to have no need of NPA

assistance, but merely use the service we have built up to gain further advantage. But no. I have it all wrong. Mr Astill tells us that the NPA is primarily an employer's organisation, and that for the politicking required, they want as many employer members as possible. It is not what I thought.

And then we have the Pharmaceutical Services Negotiating Committee, which should properly be called the National Pharmaceutical Contractors Negotiating Committee, because with few exceptions its members are those who by virtue of involvement in larger companies, whether as proprietors or employees, are better off than our average retail pharmacist who simply cannot afford to serve on such a body. Inevitably the bite we expect from our negotiators is tempered by their different viewpoint — not the least of which are loyalties to concepts which may not be identical to those of individual pharmacists. It would appear, then, that membership of these bodies is wide open to the concerns which trade in pharmacy, as opposed to pharmacists themselves.

And so we are left with the real hope, the one body open exclusively to pharmacists, set up to advance and regulate the profession in all its aspects, starting with education and ending with policing — the PSGB. When our profession is being menaced by another, in a series of bitter and damaging skirmishes on the fringes of the swamps of law (which we are losing of course) we expect our Society to be totally involved. But no, when it comes to the Tenterden dispute we find it is *not* a pharmacist who is fighting for our futures, but a company. Hard luck after two years (and 30 letters of support) Mr Pay . . . but you lost! And so did we all, though I'm ready to put up another £20 if we have to try again.

Is it naïve of me to point out that if the pharmacists, by name, in each set of contracting premises were the contractor, the great un-necessary divisions within our ranks would become an evil memory. The PSNC would be, easily, a part of a great new invigorated Society, in which pharmacists truly were at last in control of their profession. As for the Rural Pharmacists Association? Except perhaps as a brother to the ag & vet group, and under the parasol (not umbrella — it will be sunny) of the Society, it seems likely to become more social than soldier. However, in the meantime I suggest a change of name to the Pharmacists Association, since the battles it engages in are likely to concern every one of us. The medical vultures are already picking off the pharmacy lambs on the outskirts of our cities. ■

PRESCRIPTION SPECIALITIES

Ispaghula based laxative suspension

Searle are introducing Regulan, a bulk-forming laxative taken as a liquid suspension containing mucilloid derived from ispaghula husk. The preparation is flavoured with lemon and lime and the company claims it is palatable and easy to mix. Searle's medical representatives will be detailing general practitioners in November and the launch will then be supported by advertising to the medical profession.

Regulan sachets

Manufacturer Searle Pharmaceuticals, Whalton Road, Morpeth, Northumberland

Description Sachets of 6.4g beige rough ground powder containing 3.6g refined hydrophylic mucilloid derived from ispaghula husk BP

Indications Treatment of constipation and patients requiring a high fibre regimen

Dosage Normal adult dosage is the

contents of one sachet dissolved in 150ml cold water one to three times a day. For children a reduced dosage based on age is recommended. Regulan should always be taken as a liquid suspension and drunk immediately after mixing

Contraindications Hypersensitivity to ispaghula, intestinal obstruction, faecal impaction

Precautions Treatment should be supervised in the elderly or debilitated and in patients with intestinal narrowing or decreased mobility as rare instances of gastrointestinal obstruction have been reported when muciloid preparations are taken with insufficient liquid. Diabetics should note that each 6.4g dose contains sucrose equal to 3.5 calories. Regulan is not known to interfere with the absorption of vitamins or carotene; benefits of therapy should be weighed against any possible hazards if used during pregnancy and lactation

Side effects Allergic reactions to ispaghula, gastrointestinal obstruction, impaction

Packs 30 sachets (£2.10 trade)

Supply restrictions GSL

Issued October 1981 ■

Diatensec tablets

Manufacturer Searle Pharmaceuticals, Whalton Road, Morpeth, Northumberland

Description Unscoored, off-white, film-coated tablets engraved "Searle 916", each containing spironolactone 50mg

Indications Essential hypertension and hypertension associated with diabetes

Dosage Adults: Usual dose 50-100mg per day, which for difficult or severe cases may be gradually increased at two weekly intervals up to 200mg per day. Treatment should be continued for two weeks or

longer since an adequate response may not occur before this time. Dosage should be subsequently adjusted according to the response of the patient.

Children: Initial daily dose should provide 3mg of spironolactone per kg body weight, given in divided doses. Dosage should be adjusted on the basis of response and tolerance. A suspension may be prepared by crushing the tablets

Contraindications, precautions, side effects as for other spironolactone preparations

Packs 100 (£14.46 trade)

Supply restrictions prescription only

Issued October 1981 ■

Vesagex units

Vesagex ointment 500g surgery packs are now available in single units (£2.70 trade). The 500ml size of Novasapa instrument sterilising solution is being discontinued and Protopan granules will no longer be available after six weeks when existing stocks are exhausted. *Pharmaceutical Manufacturing Co, Westhoughton, Bolton BL5 3SL.* ■

Voltarol injection

Geigy Pharmaceuticals have introduced Voltarol 3ml ampoules for intramuscular injection. (10s, £8 trade). The ampoules contain 75mg diclofenac sodium and the

dose is one to two ampoules daily, which may be followed by oral therapy. *Geigy Pharmaceuticals, Horsham, West Sussex.* ■

Syntex 'pill' packs

Three-month packs of various Syntex oral contraceptives will replace the current one-month packs during the next three months. Norminin and Brevinor packs will be changed this month and Noriday and Norinyl-1 during December. The triple packs will cost three times the price of current one-month packs. *Syntex Pharmaceutical Ltd, St Ives Road, Maidenhead, Berks SL6 1RD.* ■

Triogesic packs

Blister packaging has been adopted for Triogesic 30-tablet packs. *Wander Pharmaceuticals, PO Horsforth Box 4, Calverley Lane, Horsforth, Leeds.* ■

No more Noveril

Noveril tablets have been discontinued, and no further supplies are available. *Wander Pharmaceuticals, PO Horsforth Box 4, Calverley Lane, Horsforth, Leeds.* ■

Ceporex container

Packaging for the 20-tablet size of Ceporex tablets 500mg is being changed from a glass vial to a Securitainer from November 2. *Glaxo Laboratories Ltd, Greenford, Middx UB6 0HE.* ■

ICI withdrawals

Because of low demand, Imperacin syrup will be withdrawn on exhaustion of present stocks, estimated to be November 30. Icipen syrup is also being withdrawn. No further supplies are available. *Imperial Chemical Industries Ltd, Pharmaceutical Division, Alderley House, Alderley Park, Macclesfield, Ches. SK10 4TF.* ■

Butazolidin

The pack of five Butazolidin suppositories has been discontinued, but the 50 pack remains available. *Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex RH12 4AB.* ■

Kolantyl blisters

The blister pack of 50 Kolantyl tablets (£1.72½) is now freely available and replaces the 120 and 24 tablet packs, which have been discontinued. *Merrell Pharmaceuticals Ltd, Pimbo Road, Skelmersdale, Lancs WN8 9PE.* ■

Herpid stocks

Supplies of Herpid, recently interrupted by a shortage of DMSO, are now available, and the manufacturers say orders are being met as quickly as possible. *WB Pharmaceuticals Ltd, PO Box 23, Bracknell, Berks RG12 4YS.* ■

Bayer additions to Sionon range

Bayer have extended their Sionon range to include a blackcurrant health drink and two chocolate snack bars.

The new products will be heavily promoted in the women's Press along with the rest of the range between now and Christmas — a period which, Bayer estimates, accounts for about 40 per cent of annual sales of diabetic foods.

Sionon blackcurrant health drink (£0.65) contains extra vitamin C (264mg per 100ml) and is the only product of its kind formulated specifically for diabetics. It is also said to be suitable for slimmers, says the company.

The Sionon snack bars (£0.29), in coconut and caramel flavours, are developments of the original Sionon crispy bar.

In addition to the new lines, Bayer anticipates a big increase in demand for Sionon jams (strawberry, raspberry, blackcurrant and apricot flavours) following the recent announcement that Frank Cooper are to cease manufacturing diabetic jams.

"The experience of the past two Christmases since Sionon entered the market has shown that retailers should be prepared for a boom in sales — and demand is sure to be increased still further this year by our heavyweight advertising and promotional campaign," says product manager Dennis Clarke. *Bayer UK Ltd, Consumer Products Division, 200 London Road, Burgess Hill, West Sussex RH15 9TP.* ■



'Total food' cereal on Southern test

A wheat-based high-protein food has been introduced into the Southern television area by Contract Foods and is being promoted as a health food and breakfast cereal.

Pronutro (£0.55) is aimed mainly at children, says the company, but "past experience has shown that active adults, especially those with sporting interests, are also likely to form a significant proportion of customers".

Television advertising in the area is expected to commence in January. *Food Brokers, Milburn House, Croxton Road, Esher, Surrey.* ■

Mr Geoffrey S. Knowles, MPS, and his wife Jean of the Central Pharmacy, 63 Market Street, Hoylake, Merseyside, leaving Manchester Airport last week for a two week holiday in Tenerife. The trip was won in a prize draw open to all pharmacies in the North West of England which stocked and displayed Sudocrem

Rodine C FOR RATS & MICE

For indoor and outdoor use: specially treated for damp locations. In packets containing 5, 10 and 30 sachets.



Rentokil

PRODUCTS THE PROFESSIONALS USE

Rentokil Limited, Felcourt,
East Grinstead, West Sussex RH19 2JY.
Telephone: Lingfield (0342) 833022.

Anadin capsules with 'maximum strength'

Maximum Strength Anadin capsules containing 500mg aspirin and 32mg caffeine are being launched in the UK. The product has been researched in America and is already being marketed there.

The capsules are available in two pack sizes — 16 capsules (£0.70) and 36 capsules (£1.30). Because of the aspirin content they are classified as a pharmacy-only medicine. Packaging is in the traditional Anadin green and yellow.

International Chemical Co say they



will be using both television and national Press to launch the product. *International Chemical Co Ltd, 11 Chenies Street, London WC1E 7ET.* ■

Unichem offers in November

Unichem has combined its two monthly offers — members moneymakers and members bargains — to form one major promotion. A selection of the products available in the Unichem members offers promotion in November will appear on a window poster, price cards and shelf barkers.

The November offers are Andrex, Aspro Clear, Alka Seltzer, Beechams powders and tablets, Beechams powders mentholated, Bic razor, Contour cartridges, Dr Whites 10s, Dettol, Duracell batteries, Elnett hairspray, Imperial Leather talc, Kotex Sylphs,

Listermint, Mac lozenges, Pin-up, Nivea creme, Phensic, Ralgex, Rennie, Savlon antiseptic cream, Sensodyne toothpaste, Silkience conditioner, Sunsilk shampoo, Venos standard and adult formula, Wilkinson handy and swivel disposable razors and Wilkinson Sword double edge razor blades.

Beecham toiletries at bonus prices will be available between November 11-30 in the third and final part of the promotion. Every 10 pack order, including two packs from both sections of the offer, qualifies for a free entry in the November draw. Prizes for November include £500 Debenhams voucher, his/hers Moorland Sheepskin coats and £200 worth of family footwear. *Unichem Ltd, Crown House, Morden, Surrey.* ■

Toothpick, dental floss all-in-one

HWC Supplies are introducing a toothpick and dental floss combined. Flosspik (£0.55) which are described as the "greatest invention since the toothbrush" have an unwaxed dental floss set in a white plastic toothpick. The company claims that they are an excellent way of introducing people to dental floss and that overseas sales already exceed one million pieces per month. Each Flosspik is hygienically wrapped in an individual sachet, 14 of which make up each retail pack. Minimum orders for outlets are two counter packs (560 Flosspiks). *HWC Supplies, 94 Priory Road, Cheam, Surrey.* ■

Zero panty liners

Undercover Products are to introduce Zero panty liners, (£0.95). Each pack contains 30 panty liners which, the company says, are of a better quality than any other liners on the market. *Undercover Products (International) Ltd, Wrexham, Clywd, North Wales.* ■

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

All Clear shampoo:	All areas
Anadin:	All areas
Askit powders:	Sc, G
Bic razors:	Ln, Lc
Colgate Dental Cream:	All except E
Crookes One-a-day multivitamins:	M, NE, WW, We, Lc, Sc, So, CI
Dencen denture cleaner:	M, Lc, Y, NE
Flo Thru:	All areas
Head & Shoulders:	M, Lc, Y, A, U, B
Impulse:	All areas
Keystone 308:	Y, NE
Macleans:	M, Y, NE, A, Sc, U, We, B, G
Marmite:	Ln, WW, So, We, CI, A
Mucron decongestant:	U
Ovaltine milk chocolate bars:	All except E
Paddi Cosifits:	All areas
Sanatogen multivitamins:	All areas
Silvikrin Supersoap:	All areas
Vitaplus multivitamins:	M, Lc, Y, NE, WW, A, We
Vosene shampoo:	Y, NE
Waxworks:	Lc

More from DSL

Following the launch of Oystertone (C&D, October 17, p730), Dietary Specialists Ltd have added three more products to their range. They are Mexican Spirulina (60 x 500mg tablets, £3.45), Siberian Ginseng in a "tabsule" (tablet / capsule) form (30 x 600mg, £2.69) and Hairtone (30 capsules £1.89). *Dietary Specialists Ltd, London House, Upper Richmond Road West, London SW14 8DD.* ■

Charts for babies and slimmers

Two laminated charts, one for slimmers and the other giving guidelines of the first twelve months of a baby's life, have been designed by Malden Design Consultants.

The slimming chart gives calories in amounts the customer would understand

— teaspoonfuls, slices, cups etc, gives colour codings on what to eat and what to avoid, has a graph to chart weight loss together with information notes and a shopping list reminder.

Notes on the weight and behavioural patterns of a baby are included, together with information on feeding methods, immunization requirements and safety hints around the house. Both charts measure 23 x 33in and being laminated, have a wipe-free surface. The charts are available for £2.50 (including postage, packing and VAT) from *Malden Design Consultants, 5 Beech Hill House, Beech Hill, Reading RG7 2BE.* ■

Hill's hand cream

Hill's everyday hand cream which has until now only been available through hospitals is now available nationally to retail outlets (£0.45). *Hills Pharmaceuticals Ltd, Talbot Street, Briercliffe, Burnley, Lancs.* ■

COUNTERPOINTS

Pocket dispenser for sweeteners

Swiss-based Hermes Sweeteners, manufacturers of the Hermesetas brand, are now to introduce a One-by-one pocket dispenser.

The slim blue tin, containing 300 calorie-free Hermesetas tablets (£0.53), will feature a push button mechanism which releases one tablet at a time.

A spokesman for Hermesetas says: "This is an exciting development for Hermesetas and we are extremely optimistic about this launch, which we believe will conclusively underline our position as leaders in the market.

"It is the convenience of the One-by-one concept that has made Hermesetas One-by-one table top dispenser so successful. We now believe that there is a gap in the market for a convenient dispenser which can be slipped easily into pocket or handbag and carried around, and that the Hermesetas One-by-one pocket dispenser in the new 'click' pack will successfully fill that gap." Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham NG2 3AA. ■

Radox coupon

All large packs of Radox bath salts are featuring a "10p off next purchase" coupon as an "Autumn promotion." Nicholas Laboratories Ltd, 225 Bath Road, Slough, Berks SL1 4AU. ■

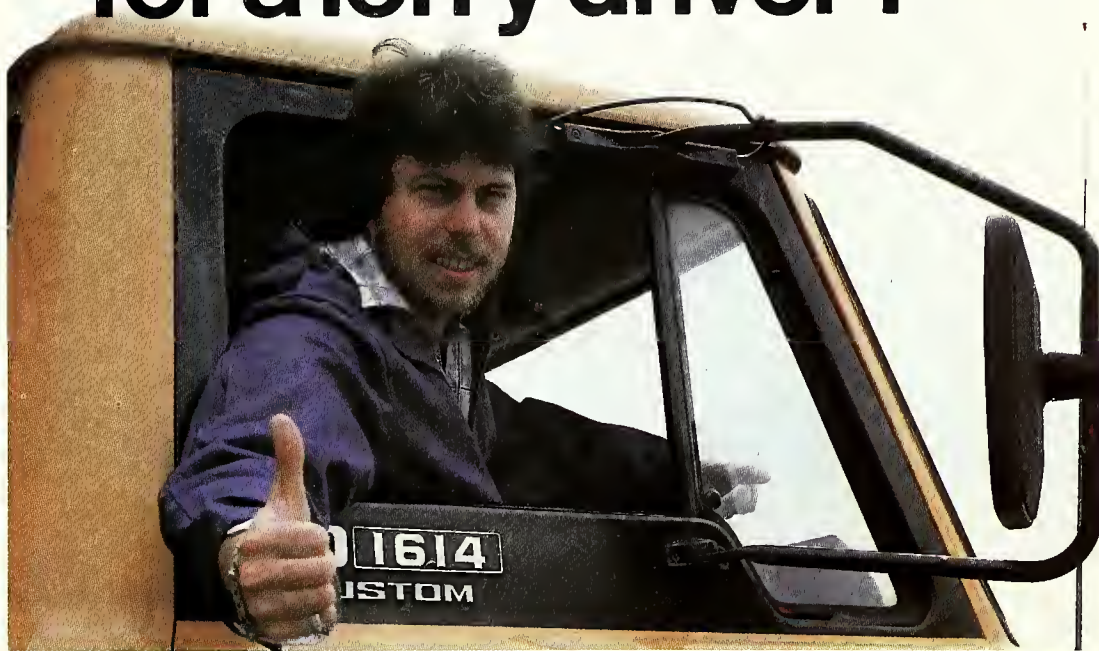
A&F Pears have repackaged their foam bath range in stone coloured bottles fashioned after the "Bubbles" figure. The two variants, herbal essence and original amber are differentiated by cap colours — the first being a deep green and the second a chestnut brown. A&F Pears Ltd, Hesketh House, Portman Square, London W1A 1DY



Character sponges with adhesive labels

A new foam sponge (£0.39) has been introduced by Cindy Ltd, of Liverpool. Labels feature a range of six different Walt Disney characters in full colour; the round centre portion being peel-off and self-adhesive. Each outer contains an assortment of sponge colours and Disney characters. Cindy Ltd, Sandy Road, Seaforth, Liverpool, L21 1AG. ■

Which expectorant should you 'counter prescribe' for a lorry driver?



Give the thumbs up to

Franyllyn Expect.



WinPharm's entirely new treatment for chesty coughs

- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness

 **WinPharm**

Working with pharmacy for a healthier future

For further information see pages 840 & 841

"Franyllyn" is a registered trade mark



“Funny how all the suddenly seem to

New Cameo. The complete sanitary towel section. Makes it so much easier for you to order – just one name to remember, cutting through the confusion of all those competing brands!

Press-ons, mini pads, looped towels,

pads and briefs – something to suit the varying needs of each of your women customers.

New Cameo will be supported by strong advertising in leading women's magazines during 1982. And it comes



Best sanitary towels have the same name."

om Robinsons – so it's been developed
rough more than a century of experience
nd quality.

Next time you order, there's only one
ame to remember!

Cameo

ROBINSONS OF CHESTERFIELD, DERBYSHIRE S40 2AD. TEL: 0246 31101. TELEX: 547320



COUNTERPOINTS

Kleenex trio of on-pack offers

Kleenex facial tissues are currently running three on-pack promotions. On Kleenex regular 150s a promotion offers the consumer the chance to win one of 26 Nikon EM cameras plus a star prize of a family holiday to Holland in a "Spot the difference" competition.

Consumers are offered a free 90-minute cassette tape available with three proofs of purchase; lightweight Ross

headphone sets at specially reduced prices and a cash competition worth £1,000 in prize money on Kleenex Super 3 packs and finally Kleenex for Men will carry a 50p coupon card which offers the consumer 10p of each of their next five purchases. *Kimberly-Clark, Larkfield, Nr. Maidstone, Kent.* ■


Clairol Xmas spend

Clairol are spending over £500,000 supporting their products prior to Christmas this year, bringing the total advertising expenditure for Clairol

products in 1981 to over £1 million. The company says it expects high sales across the range but in particular for the Clairol Flexibrush, 1200 hairdryer and Skinvention skincare system.

Flexibrush is being supported on television with a national television campaign which starts November 6 and runs through to Christmas. Advertising will also appear in October issues of the women's Press and local radio will be used in Liverpool, Leeds, Birmingham, Manchester, London, Edinburgh, Glasgow and Newcastle. *Bristol-Myers Co Ltd, Station Road, Langley, Slough.* ■

Which expectorant should you 'counter prescribe' for a busy mum?



Her shopping list should include

Franyllyn Expect.



WinPharm's entirely new treatment for chesty coughs

- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness



WinPharm

Working with pharmacy for a healthier future

"Franyllyn" is a registered trade mark

For further information see pages 840 & 841

Victoria Plum talc

Richards & Appleby have added a Victoria Plum body talc (100g, £0.95) to their range of toiletries based on the character devised by Angela Rippon in a series of children's books. *Richards & Appleby Ltd, Gerrard Place, East Gillibrands, Skelmersdale, Lancs.* ■

Dextrosol now in blackcurrant

A blackcurrant flavour is now available in the Dextrosol glucose tablets range and has the "extra customer appeal" of containing vitamin C.

Dextrosol is available in display boxes of 24 sticks and an rsp of £0.24 gives the retailer a 30 per cent gross margin. There are now six flavours. *CPC (United Kingdom) Ltd, Claygate House, Esher, Surrey KT10 9PN.* ■

Atrixio sachet

Atrixio hand cream and Golden Babe Bambi insert nappies will feature in an on-pack promotion until the end of November. All sizes of Bambi will contain a free sachet of Atrixio and carry the flash "Free Atrixio hand cream in this pack." *Smith & Nephew Toiletries, Welwyn Garden City, Herts.* ■

Kalibu coupons

Kalibu powder has been repackaged and is now available in a four colour carton. The initial 20,000 packs will include a special offer coupon for the latest Thorsons carob cookbook and there will be a POS card and a "five pence off" coupon in the November issue of *Here's Health*. *Holgran Foods Ltd, Whetmore Road, Burton-on-Trent, Staffs.* ■

Cardiovascular system: Part 2b: Management of heart failure

The eighth in a series of articles by Mr B. W. Burt, Mr R. J. Greene and Dr N. D. Harris, Chelsea College department of pharmacy, University of London

There are two general goals in the management of heart failure: to identify and if possible mitigate the cause, and to treat the main symptoms.

Contributory factors

We have outlined the range of possible causes in the previous article (*C&D*, October 17, p745). Apart from a thorough physical examination, a number of increasingly specialised investigations are available to aid diagnosis. Usually an ECG and chest X-ray will be done routinely in hospital. Hypertension is easily identified, but confirming MI needs biochemical and ECG evidence.

The diagnosis of IHD is usually made clinically, but coronary angiography, where the coronary arteries are injected with a radio-opaque dye, can be used as confirmation. Obviously, underlying renal or respiratory disease must be investigated in the usual way; for example, an acute chest infection may push a chronic bronchitic into failure. Techniques such as echocardiography and cardiac catheterisation can aid diagnosis in the more difficult cases, such as valve disease.

When the cause is identified, specific therapy will be initiated, and we will cover this in subsequent articles. However, most therapies are long-term, and the patient may have irreversible cardiac impairment. How can the patient's condition be improved?

Improving cardiac efficiency

Once again we need to refer to the preload, afterload and contractility (table 3). Traditionally the prime aim has been to increase contractility by stimulating the heart with cardiac glycosides. There is no doubt that this can be dramatically effective in the short-term and figure 4 shows how digitalis can improve cardiac performance. From the point d' of decompensation, the heart size or

diastolic stretch is reduced to perhaps f' by moving to an improved contractility curve (F). Full cardiac reserve is not regained, but normal cardiac output can be maintained for a moderately increased heart size, and one that is reduced compared to pretreatment.

However, in addition to the considerable, and well-known, problems with digitalis therapy, this approach is somewhat "unphysiological". One could argue empirically that a failing heart should be under maximal endogenous (reflex) stimulation, so that extra, exogenous stimulation might be damaging. Nevertheless, the effectiveness of the treatment is undeniable.

If all else (including digitalis) has failed, a last resort in acute failure is to use inotropic amines such as isoprenaline or, more recently, dopamine. These agents have a similar effect on cardiac contractility to digitalis, though their mechanism is different.

Reducing cardiac workload

The alternative approach to the failing heart is that of *unloading*. If failure is thought of as an inability to meet tissue demands, overcome afterload or respond to preload, then reduction of these loads should be beneficial. Clearly, although these approaches may be more "physiological", they do not directly improve cardiac performance in the short-term.

The rationale is more that of relieving the immediate strain on the heart, for example, in preload reduction by moving on figure 4, from point d' to d. In time natural repair or amelioration of the precipitating cause may move the heart to a more effective performance curve so that the reduced output is maintained with some conservation of cardiac reserve (for

Continued on p830

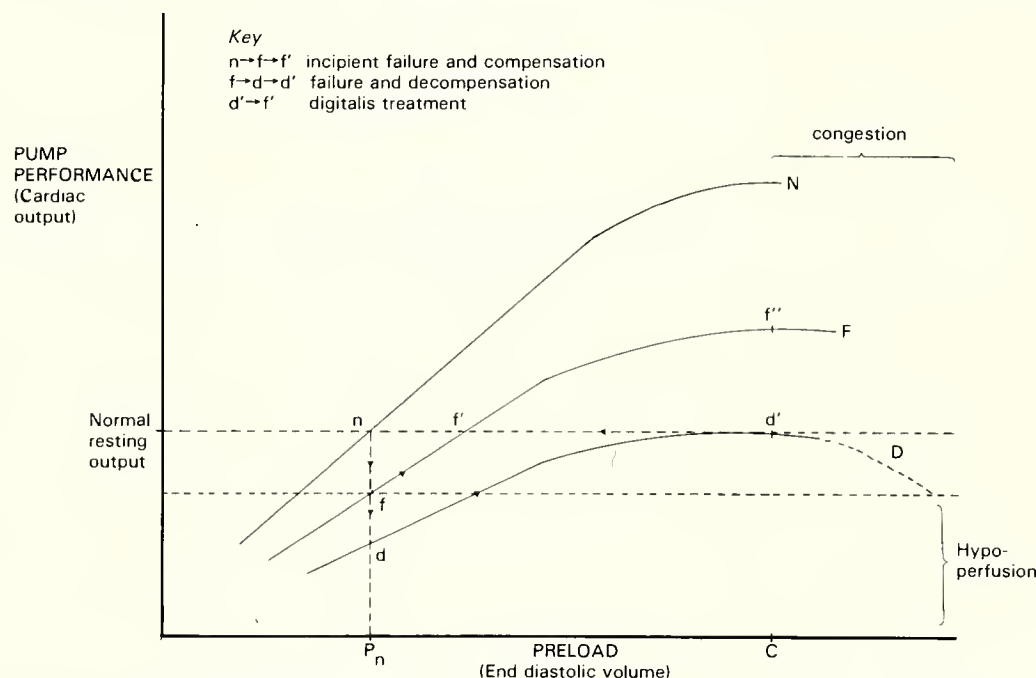


Figure 4: Pump performance in heart failure

Curve N represents normal contractility, and F contractility of a failing but compensated heart. Normal output is maintained (f') at the expense of cardiac reserve (increased EDV). Breathlessness will occur on exercise if output is required beyond point f', due either to pulmonary hypoperfusion or pulmonary congestion (depending on the side of the heart affected). Decompensation occurs when contractility is so reduced that curve D results, and normal resting output can

only be maintained at the maximum of the curve (d'). This raises EDV, end-diastolic pressure (EDP) and filling pressure, producing congestive symptoms (oedema). Alternatively, the output may remain at d, where EDV and EDP are near normal and symptoms of hypoperfusion (breathlessness, fatigue) predominate. Cardiac glycosides will improve contractility and so cardiac output (for example, the patient moving from d' to f') maintaining output at a reduced heart size and oxygen consumption

Vestric, the mo wholesaler



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Offer Price
3 Packs
£3.57
Sell at £1.69
VANTAGE MEMBER PRICE
£3.405
Sell at £1.61

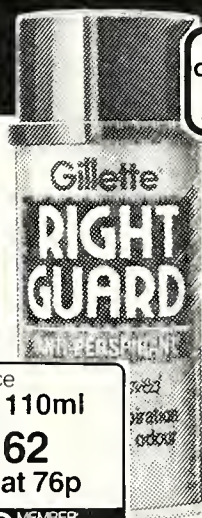
Profit
on Cost
23%



Offer Price
12 x 134ml
£6.62
Sell at 76p
VANTAGE MEMBER PRICE
£6.31
Sell at 73p

Profit
on Cost
20%

Offer Price
12 x 110ml
£6.62
Sell at 76p
VANTAGE MEMBER PRICE
£6.31
Sell at 73p



Profit
on Cost
20%



Profit
on Cost
20%

Offer Price
12 x 110ml
£6.88
Sell at 79p
VANTAGE MEMBER PRICE
£6.56
Sell at 76p



Profit
on Cost
20%

Product	Size/Pack	Normal Price	Normal R.S.P.	Vestric Offer Price	Vestric Offer R.S.P.	Vantage Price	Vantage R.S.P.	Profit on Cost %
Elnett Hair Spray	12 x 95g	8.77	1.17	7.44	.87	7.14	.84	22%
	12 x 200g	14.10	1.88	11.52	1.35	11.10	1.29	22%
	12 x 300g	18.00	2.40	15.00	1.75	14.34	1.68	22%
	6 x 500g	11.57	3.08	8.88	2.08	8.55	1.99	22%
Johnson's Baby Powder	24 x 99g	7.44	.51	6.24	.36	6.00	.35	20%
	24 x 227g	14.569	1.00	11.64	.67	11.16	.64	20%
	24 x 298g	17.669	1.21	14.88	.86	14.28	.82	20%
	12 x 454g	11.812	1.62	9.90	1.14	9.54	1.10	20%
Kleenex For Men	24 x 100	12.05	.75	8.96	.52	8.55	.49	20%
LIBRA Santowel Regular	24 x 10	8.95		7.44	.43	7.20	.41	20%
	24 x 10	9.94		8.28	.48	7.98	.46	20%
	50% Extra Free Packs							
	Super							
	50% Extra Free Packs							
Product	Size/Pack	Normal Price	Normal R.S.P.	Vestric Offer Price	Vestric Offer R.S.P.	Vantage Price	Vantage R.S.P.	Profit on Cost %
ALL CLEAR Shampoo (All types)	12 x Std	5.428	.67	3.54	.41	3.42	.39	20%
	12 x Lge	9.15	1.13	5.58	.64	5.40	.62	20%
	12 x Econ	13.694	1.69	8.88	1.02	8.70	1.00	20%
Brylcreem Antidandruff	12 x Std	4.38	.56	3.78	.44	3.66	.42	20%
	12 x Med	6.25	.80	5.34	.62	5.22	.60	20%
	12 x Lge	8.91	1.14	7.50	.86	7.32	.84	20%
	12 x -	7.03	.90	5.94	.68	5.82	.67	20%
Cow & Gate •NEW	•Yogurt Deserts	12	2.41	.24½	2.07	.21		20%
	Baby Milk Plus	24	30.04	1.42	27.60	1.32		15%
	Baby Milk Premium	24	29.44	1.39	27.06	1.29		15%
Cream Silk Conditioner (All Types)	12 x 110ml	7.21	.89	5.16	.59	5.04	.58	20%
Dentu-Creme With Free Sensodyne Plaque Remover Toothbrush In Pack	12 x Econ	7.24	.96	6.48	.78	6.36	.76	25%
Gillette Contor Cartridge	20 x 5	15.81	1.19	13.06	.90	12.82	.89	20%
	20 x 10	30.12	2.26	24.85	1.71	24.39	1.68	20%
HALL'S Mentholiptus (All Types)	1 x 42 as 36 stick pack	3.925	.16	3.60	RPM	3.52	RPM	63%
IMPERIAL LEATHER Talcum Powder	12 x 100g	3.337	.46	2.91	.34	2.86	.33	20%
	12 x 250g	6.274	.87	5.48	.63	5.38	.62	20%
	12 x 400g	8.171	1.13	7.14	.82	7.00	.81	20%
Impulse Body Spray (All Types)	12 x 75ml	8.506	1.05	7.26	.89	7.14	.88	28%
Johnson's Baby Lotion	24 x 120ml	13.225	.91	10.92	.63	10.68	.61	20%
	12 x 205ml	9.264	1.27	7.56	.87	7.44	.86	20%
	12 x 285ml	11.46	1.57	9.48	1.09	9.18	1.06	20%
	24 x 75ml	8.516	.58	6.96	.40	6.84	.39	20%
	24 x 125ml	12.711	.87	10.44	.60	10.20	.59	20%
	12 x 250ml	11.704	1.60	9.66	1.11	9.36	1.08	20%
may (All Types)	12 x 340ml	6.93	.88	5.96	.68	5.85	.67	20%
NIVEA Creme	12 x 22g	2.720	.35	2.22	.27	2.16	.26	25%
	12 x 45g	3.960	.52	3.24	.39	3.18	.38	25%
	3 x 95g	1.815	.95	1.50	.72	1.47	.70	25%
	3 x 160g	2.732	1.43	2.25	1.08	2.19	1.05	25%
	12 x 30g	3.415	.44	2.82	.34	2.76	.33	25%
Paddi Cotton Wool Balls	24 x 50	4.84		3.72	.21	3.60	.21	20%
	12 x 100	4.64		3.60	.42	3.54	.41	20%
	12 x 200	8.38		6.54	.75	6.36	.73	20%
	24 x 50	5.09		3.96	.23	3.84	.22	20%
	12 x 100	4.87		3.84	.44	3.72	.43	20%
	12 x 200	8.81		6.90	.79	6.72	.77	20%
	6 x 12	10.86		8.73	.17	8.49	.16	20%
	Kinx Maxi	17.38		13.98	.54	13.59	.52	20%

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			Price	R.S.P.	Price	R.S.P.	Price	R.S.P.	
Recital	Colourant (All Colours)	3	4.32	2.30	3.57	1.69	3.405	1.61	23%
	Super Blonde	3	4.88	2.60	4.14	1.95	3.96	1.86	23%
Gillette	Gillette Rightguard Range								
	Deodorant	12 x 134ml	8.25	1.05	6.62	.76	6.31	.73	20%
		12 x 197ml	10.08	1.29	8.10	.93	7.73	.89	20%
	Antiperspirant	12 x 110ml	8.25	1.05	6.62	.76	6.31	.73	20%
		12 x 150ml	10.08	1.29	8.10	.93	7.73	.89	20%
		12 x 200ml	11.84	1.51	9.50	1.09	9.07	1.04	20%
	Double Protection	12 x 110ml	8.58	1.10	6.88	.79	6.56	.76	20%
		12 x 150ml	10.76	1.37	.865	1.00	8.25	.95	20%
		12 x 200ml	12.67	1.62	10.17	1.17	9.70	1.12	20%

Product		Size/Pack	Normal		Vestric		Vantage		Profit on
			Price	R.S.P.	Price	R.S.P.	Price	R.S.P.	Cost %
Paddi	Kinx Roll	36 x 100g	10.23		8.28	32	8.10	31	20%
	Kinx Roll	20 x 350g	14.18		11.40	79	11.10	77	20%
PALMOLIVE	Soap	12 x Bath	2.96	.29½	1.68	.19	1.62	.19	20%
Pears	Foam Bath	12 x Std	7.05	.87	4.98	.60	4.80	.58	25%
		6 x Lge	5.39	1.33	3.81	.91	3.69	.88	25%
	Transparent Soap	12 x Bath	3.25	.34	2.70	.30	2.64	.29	15%
SENSODYNE	Toothpaste	12 x Lge	6.53	.90	5.40	.65	5.28	.63	25%
		12 x Econ	9.61	1.25	7.98	.96	7.80	.93	25%
SENSODYNE	Tooth Brushes	12	5.165	.70	4.02	.48	3.90	.47	25%
	Plaque Remover	12	5.165	.70	4.02	.48	3.90	.47	25%
	Gentle	12	5.165	.70	4.02	.48	3.90	.47	25%
	Searcher	12	5.165	.70	4.02	.48	3.90	.47	25%
	Perio	12	4.165	.70	4.02	.48	3.90	.47	25%
	Junior	12	4.305	.60	3.36	.40	3.27	.39	25%
	Interdental	12	3.81	.52	3.00	.36	2.88	.35	25%
Silk'n	Hair Spray (All types)	12 x 175ml	8.53	1.09	5.76	.66	5.64	.65	20%
		12 x 100ml	6.03	.77	4.14	.48	4.02	.46	20%
SNUGGLERS	With Elasticated Legs								
	-Newborn	16 x 15	19.88	1.43	16.00	1.17	15.44	1.13	17½%
	-Daytime	16 x 15	23.91	1.72	19.52	1.43	18.56	1.36	17½%
	-Super Daytime	16 x 15	27.24	1.96	22.16	1.63	21.20	1.56	17½%
	-Overnight	16 x 12	25.30	1.82	20.88	1.53	19.92	1.46	17½%
	-Toddler	16 x 12	27.94	2.01	23.20	1.70	22.16	1.63	17½%
 WELLA	Shampoo (All Types)	6 x 185ml	4.50	1.19	2.70	.62	2.61	.60	20%

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CLINICAL PHARMACY

Continued from p827

example, point d to point f). Alternatively long-term maintenance may be necessary to protect the heart against excessive loading.

The simplest, and indeed the traditional commonsense, approach is to reduce the demand on the heart by making the patient rest, propped up in bed, and preventing stress. This may reduce the need for the pump to perform at the maximum possible, and symptoms will remit in mild cases. The *morphine* given in acute failure acts partly in this way; in other cases *anxiolytics* may be given.

Preload reduction has also been used traditionally, if unwittingly, for heart failure in that *diuretics* were used for oedema. It also used to be thought that digoxin had an important diuretic action, but this is now known to be secondary to improved cardiac output and renal perfusion. The principal action of diuretics in heart failure is now considered to be a reduction in circulating blood volume, and hence filling pressure and preload, and this alleviates venous congestion. Only incidentally, as it were, is extravascular oedematous fluid removed. *Diuretics are now drugs of first*

choice in most cases of heart failure.

A more recent approach to reducing preload is to use venodilating drugs such as *nitrates* or general vasodilators such as *hydrallazine*. Morphine also has a venodilating effect. By increasing the venous capacity as a blood reservoir, venous return is reduced promptly and effectively. This method is usually reserved for severe or resistant cases. Whilst it has until now been used only in acute failure, there are signs that long-term maintenance might be beneficial, thus sparing the patient the need to take diuretics continuously.

Obviously preload reduction is most useful when congestive symptoms and raised venous pressures predominate. When low cardiac output is the main problem, a reduction in afterload may be helpful in severe cases.

It may seem paradoxical to use arterial vasodilators, that is, anti-hypertensives, in a patient whose blood pressure is probably sub-normal anyway, but the point is that the haemodynamic equilibrium in such patients is upset, so that even their present low blood pressure may be inappropriately high for the present state of their heart. Of course, if hypertension is the cause of the failure, the logic of this approach is more apparent. Effective results have been obtained in some cases of refractory failure using such drugs as *hydrallazine* and *prazosin*, and once again they may become useful for long-term maintenance.

Oxygen

Finally, an obvious way to improve the symptoms of poor cardiac output and its resultant poor tissue oxygenation is to give the patient high concentration (up to 60 per cent) oxygen therapy. This will help central cyanosis if, for example, pulmonary congestion is the problem, but if there is merely poor lung perfusion the blood is likely to be maximally oxygenated anyway. Oxygen is also hazardous in high concentrations, and of course must be avoided in patients with COPD (as we saw in a previous article).

Drugs used in heart failure

Cardiac glycosides

Indications: Ideas about the use of these drugs have changed. Digitalis toxicity occurs more frequently than formerly supposed. Also, many patients, especially the elderly, can be taken off these drugs after a short period of stabilisation, with no ill-effect, so that long-term maintenance is probably unnecessary in many cases. Finally, the practice of giving loading doses (digitalisation) is now felt to be justified only in very serious cases, and even then the oral route is usually



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satisfactory. Indeed, in acute failure various other strategies would be tried before digitalis, and it is usually avoided after MI.

Current practice, then, is to use these drugs in generally lower doses, mainly in chronic heart failure complicated by atrial tachycardia, where the combination of their inotropic and their bradycardic effect is unsurpassed.

Mechanism: Recent evidence suggests that the glycosides, formerly thought to affect only the failing myocardium, improve the performance of the normal heart too. This has been disguised in early studies by reflex vasodilatation, a compensation which is suppressed in the failing cardiovascular system so that a positive improvement in output is then observed.

Their action is complex, but probably is due to their modifying ion transfer across heart-muscle and conducting-tissue membranes. Contraction is improved and ventricular conduction depressed, leading to an increased refractory period. The result is a slower, more powerful contraction giving a greater stroke volume, a lower end systolic volume and hence a lower end diastolic volume. The heart is then working more efficiently at a smaller size and so oxygen consumption is not increased. Venous congestion is then gradually reduced.

Toxicity: The effects on conduction and excitability are however not fully understood and are variable. Hence the main toxic effects, seen at doses very little higher than therapeutic, are cardiac arrhythmias. Increased ventricular excitability causes the most typical, that is, ventricular premature (ectopic) beats, but paroxysmal atrial tachycardia and heart block may also occur. Clearly the difficulty in distinguishing between toxicity on the one hand, and insufficient dosage for an arrhythmia being treated by digoxin on the other hand, can result in excessive dosage. Digoxin serum level monitoring is most valuable in such cases.

The recent confusion over digoxin bioavailability has taught us that patients should not have their tablet brand changed. Warning symptoms of impending toxicity occur in the GI tract (nausea, vomiting, diarrhoea and abdominal pain) and in the CNS (confusion, drowsiness, dim vision (amblyopia) and occasionally psychotic reactions). Excessive bradycardia may also occur and is a useful warning sign, so the pulse should be monitored regularly.

Patients with impaired drug handling are particularly at risk from digoxin toxicity, especially the elderly, the young, and renal failure patients. The last group can be given *digitoxin*, which is metabolised by the liver. A further advantage of digitoxin is its longer half-life, making it suitable for long-term maintenance. The heart is particularly sensitive to digoxin after infarction. As is well-known, low serum potassium, which may result particularly in the elderly from poor diet, and in any patient from injudicious diuretic therapy, will greatly

increase the digitoxicity.

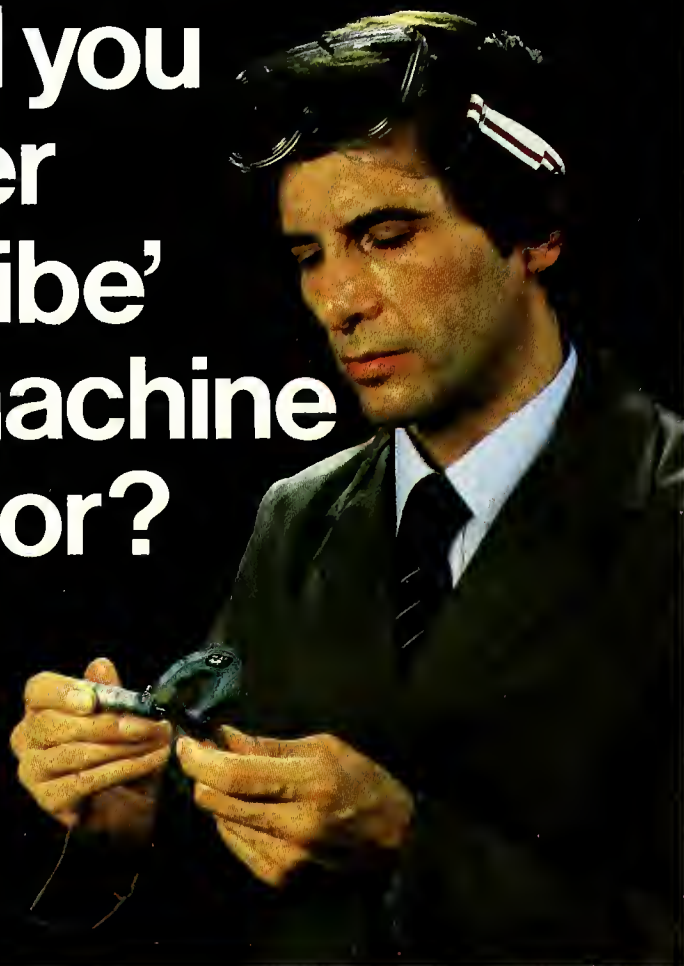
Interactions: There are a number of important combinations with digoxin which require great care. *Quinidine* greatly elevates serum digoxin, possibly by reducing renal clearance. Conversely, hepatic enzyme inducers such as *phenytoin*, *phenylbutazone* and the *barbiturates* will reduce effectiveness, particularly of digitoxin. *Anticholinergics* will antagonise the bradycardic effect, whilst *beta-blockers* will potentiate it. The combination of digitalis with beta-blockers is sometimes useful when the latter are essential, for example, for angina, but are tending to induce heart failure. Finally, potassium-depleting *diuretics* should be used with caution, and never without regularly monitoring serum potassium level.

Other inotropic agents

Both *noradrenaline* and *isoprenaline* are potent myocardial (β -1) stimulants, but the former causes general vasoconstriction and undesirable blood pressure rises (though for this reason it is useful in shock), and the latter tends to cause arrhythmias. The recent introduction of *dopamine* infusion which, at the correct infusion rate, produces cardiac stimulation (β -1) and renal and coronary vasodilation (dopamine receptors), provides a drug with an ideal balance of effects for many cases. More recently, *dobutamine*, which lacks the vasodilating effect of dopamine, has been introduced. The former, because it reduces peripheral resistance, may allow an increase in cardiac output without significantly

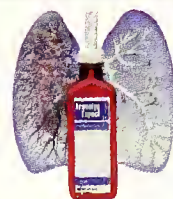
Continued on p834

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CLINICAL PHARMACY

Aim	Method	Type of therapy	Example
Cardiac workload (oxygen demand)	Tissue demand (perfusion)	Rest (Anxiolytics?)	diazepam (morphine)
	Preload	Diuretics	frusemide bendrofluazide
		Venodilator	nitrates
	Afterload	Arterial dilator (vasodilator)	hydrallazine prazosin
Cardiac efficiency	Contractility	Inotropic	digitalis dopamine
	Improve rhythm	Anti-arrhythmic	digitalis, others as appropriate
Blood oxygenation		Ventimask, MC Mask (up to 60 per cent)	O ₂
Treat contributory factors	Hypertension	See appropriate articles for details	valve replacement
	Respiratory disease		
	Anaemia	Diet	
	Obesity	Surgery	
	Congenital or valve defect		

Table 3: The treatment of heart failure

Continued from p831

increased oxygen consumption: thus it can be used in failure following MI.

Diuretics

Low doses of thiazides, for example, *bendrofluazide* 5-10mg daily, are the first choice for mild heart failure, especially if not yet decompensated, and for maintenance. This must be coupled with salt and fluid restriction, and potassium supplements may be necessary unless potassium-sparing diuretics are used. In more severe decompensation the more potent loop diuretics, for example, up to 1g *frusemide*, daily may be needed. In addition, *spironolactone* is often helpful in counteracting the reflex rises in aldosterone levels, brought about in severe cases in an effort to restore blood pressure by increasing blood volume through renal compensation. This is one rationale for spironolactone/thiazide combinations. Diuretics will be discussed

Concluded on p838

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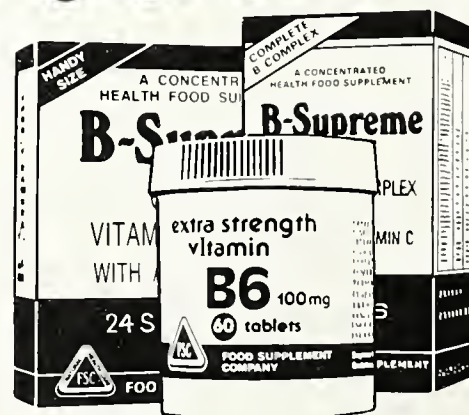
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22010	B-Supreme Capsules 12 x 100	2.90	20.17	15	
22030	B-Supreme Handy Size 10 x 24	1.15	6.66	15	
2270	Vitamin B1 Tabs 25mg 6 x 100	.92	3.20	15	

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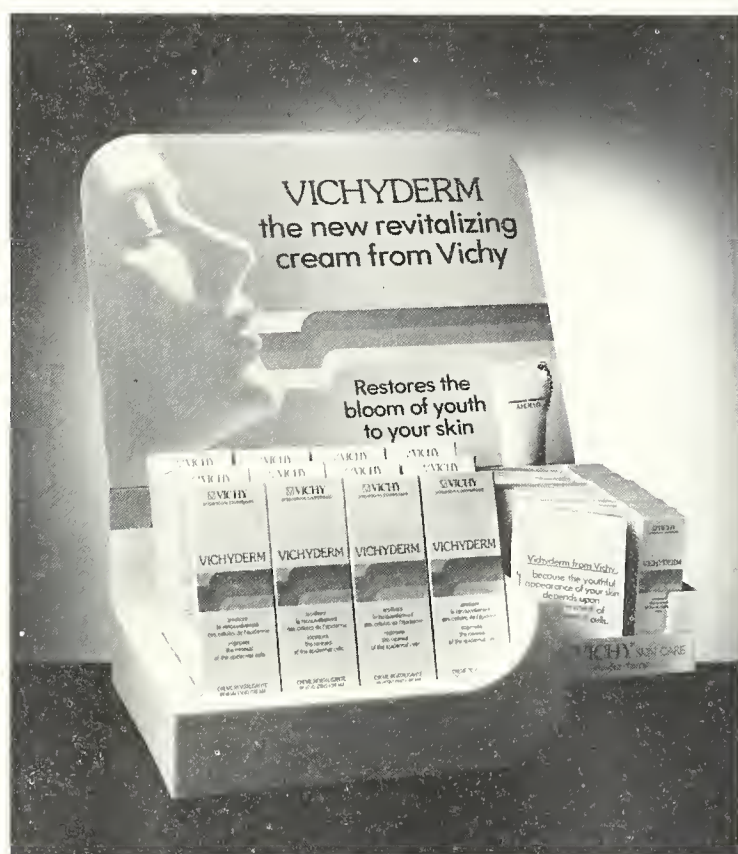
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CLINICAL PHARMACY

Continued from p834

in more detail when we come to consider renal disease.

Venodilators

The familiar nitrates, such as *glycerol trinitrate*, have their main effect on veins. General vasodilators such as *nitroprusside*, and perhaps *hydrallazine* and *prazosin*, also produce venodilation, as does *morphine*. In acute failure the newly introduced intravenous preparations of GTN can be used as well as parenteral hydrallazine; nitroprusside is

only available by injection. For maintenance, standard oral nitrates can be used.

Arterial vasodilators

Hydrallazine, a direct acting vasodilator, after some time under a cloud for its tendency to induce an SLE-like syndrome, is now regarded as a most useful agent, and safe if used in daily doses not greater than 200mg. However, "slow acetylators" should avoid the drug. More recently *prazosin*, an α -blocker, and *captopril*, an angiotensin-antagonist, have been used. *Sodium nitroprusside IV* is

reserved for emergencies. Since the primary use of these drugs is in hypertension, these will be considered in more detail in a future article.

A final comment should be made on *aminophylline*. This most useful and ubiquitous drug has numerous actions which are of benefit in heart failure, being a diuretic, a cardiac stimulant, a bronchodilator and a respiratory stimulant. It may also have some coronary vasodilating activity. In the past it has been used routinely in all respiratory and cardiac emergencies. However, in acute heart failure it is being replaced by dopamine as an inotropic agent; and after MI, as we shall see, the current approach is to reduce myocardial oxygen demand, and thus to avoid pure inotropic agents if possible. ■

Which expectorant should you 'counter prescribe' for a barrister?



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This series is intended as an outline refresher course for busy retail pharmacists and is based on the third-year syllabus taught to undergraduate BPharm students at Chelsea College, University of London, by the above authors. It is not intended to be comprehensive and it is assumed that pharmacists will consult reference texts for more detailed information on the drugs and diseases mentioned

HEALTH CENTRE NEWS

■ **Berwickshire Regional Health Board** are to build a £244,000 health centre at Eyemouth. The project is estimated to take 60 weeks to complete.

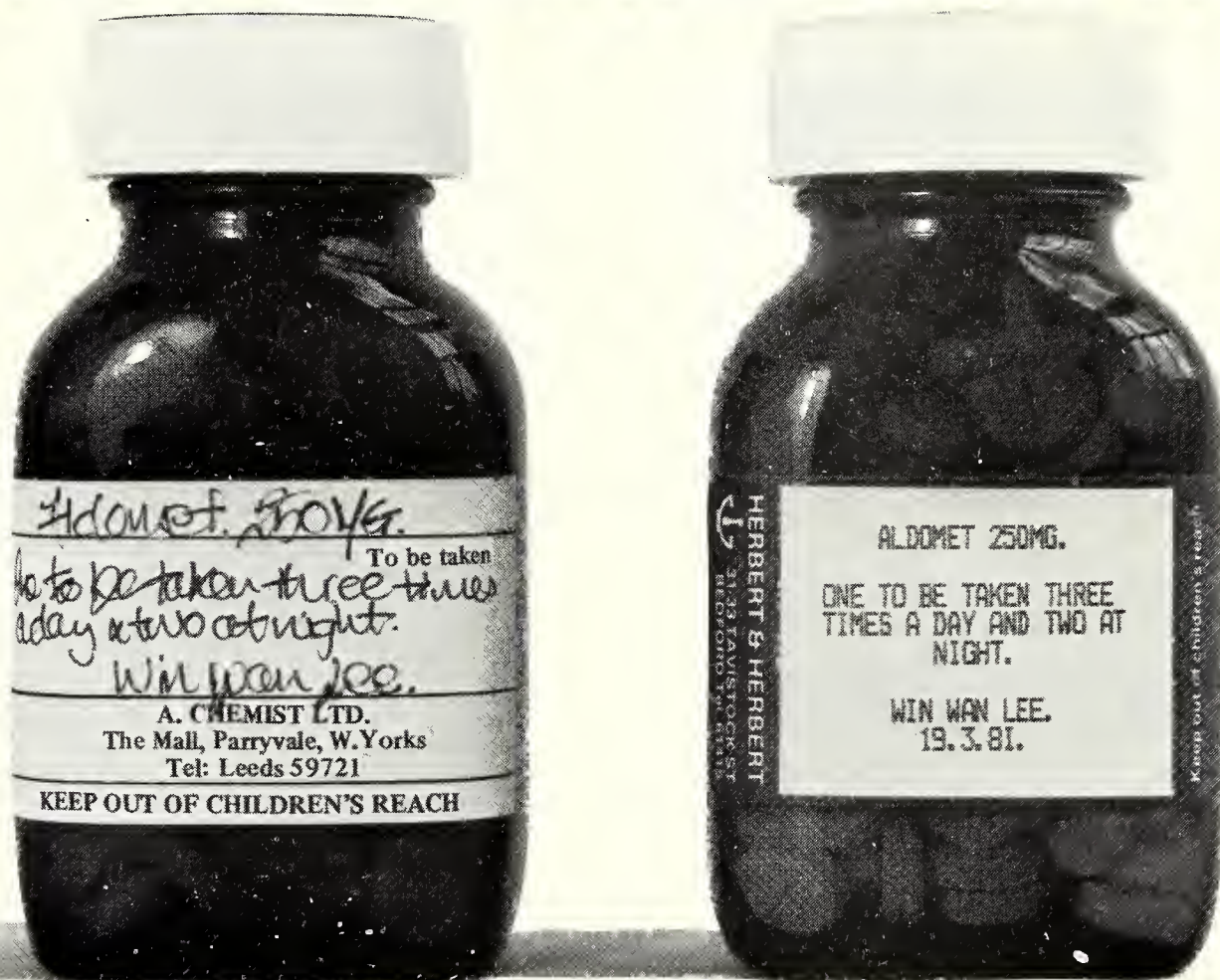
■ **Kingston and Richmond A.H.A.** are seeking planning permission for a health centre behind 3 Oak Hill in the grounds of Surbiton Hospital.

■ Work is to start shortly on a new health centre at Govanhill for the **Greater Glasgow Health Board**. It will have consulting rooms for 11 doctors, and will take two years to build.

■ Planning permission is being sought for a new health centre at Jasmin Road, Birchwood, for **Lincolnshire AHA**. If permission is granted the project could be completed by the middle of 1983.

■ Building of a new central Dewsbury health centre has had to be deferred because although the **Kirklees Council** had chosen the Victoria centre carpark for the site, the land is no longer available. A suggestion has now been made to the Council that the centre should be built on a site opposite a derelict warehouse under Wellington Road flyover, Dewsbury. ■

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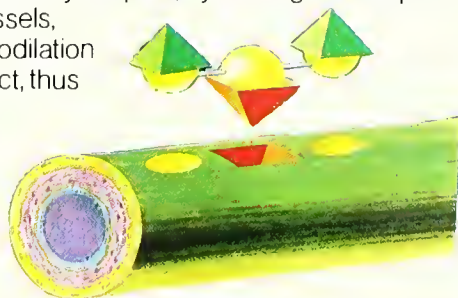
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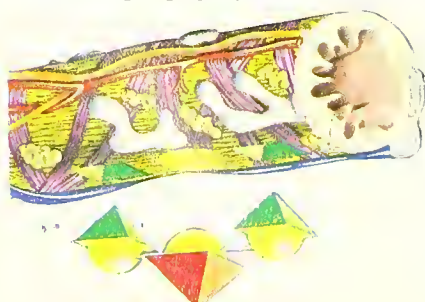
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Franolyn Expect dilates the bronchial tree

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PLUS • Special backing for local pharmacies

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No one but WinPharm can claim to repay so handsomely the time and professional effort you spend in actively "counter prescribing" for chesty coughs.

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PSNI COUNCIL

Income increased — retention fee unlikely to rise

The Northern Ireland retention fee is unlikely to be increased for several years.

At the Pharmaceutical Society of Northern Ireland's annual meeting, the treasurer, Mr McIlhagger, presented his financial statement for the year ended July 31, 1981. He said the increase in the amount of the retention fee had augmented the income by almost £7,000.

Increased amounts from rents and donations had resulted in an excess of income over expenditure of £7,866. Repairs and renewals in respect of the property and equipment amounted to over £1,500. He did not think it would be necessary to increase the retention fee for several years.

Referring to education the president,

Miss Watson, said the highlight of the year was the official opening of the pharmacy department building at Queen's University. Together with Mr Sharpe, president of the Pharmaceutical Society of Great Britain, she had the honour of performing the opening ceremony and she extended to Professor D'Arcy, his staff and students every good wish in their new accommodation.

The post-graduate education committee had extended its programme during the year. In addition to the pre and post Christmas lectures a seminar extending over three days early in January 1981 and entitled "Panorama of the Medicines Act 1968" was held in the Society's lecture hall. Other seminars on various subjects including "Computers in pharmacy" were held in March and April together with a three-day session on "Introduction to pharmacokinetics."

Two management courses were arranged — one was residential for students at the headquarters of the NI Staffs Council for Health and Personal Social Services, the other was on finance and the Drug Tariff for pharmacists and students in the Society's lecture hall. The Council was indebted to Scholl (UK) Ltd who defrayed part of the expenses of the latter.

At present the Council's education committee was endeavouring to extend the education and training programme for community pharmacists, and if accepted by the post-graduate education committee the new programme would be introduced as quickly as possible, Miss Watson said. She pointed out the difficulties that arose in catering for the needs of community pharmacists as opposed to those of hospital pharmacists.

Revive interest

Referring to the Council's attempt to revive interest in the district branches, Miss Watson said that in addition to the meeting of the Lurgan, Portadown and Armagh Branch she had attended a meeting in Omagh when about 40 pharmacists were present.

The agricultural and veterinary group had held a number of meetings during the year and representatives of the group met a farming organisation to discuss matters of mutual interest. The group had also drawn attention in a publication for farmers to the veterinary products that pharmacists could legally sell.

Statutory Committee

Two enquiries were held by the Statutory Committee. One pharmacist was severely reprimanded for selling medicinal products specified in the Medicines (Prescription Only) Order 1977 other than in accordance with a prescription issued by an authorised practitioner. Another pharmacist convicted of an offence against the same Order had his case adjourned for six months and was then



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given a severe warning.

The Benevolent Fund appeal made by Mr Dillon, immediate past-president, realised the sum of £2,882 — an increase of £232 over the previous year. Grants made amounted to almost £3,200 but the deficit was more than met by the income from investments. Unfortunately the Fund's committee had to increase the amount of each grant but is was confident that the members of the Society would continue to give the Fund generous support.

Miss Watson complimented the Society of Pharmacy Students, Queen's University of Belfast, who, at short notice had hosted the annual congress of the International Pharmaceutical Students

Federation. Representatives from 24 countries were present at the congress which was held at the Queen's Elms halls of residence. The Council gave a reception on one evening and she said it was stimulating to meet the visitors and discuss with them their views on the future of pharmacy in their respective countries. She also thanked the pharmacists who had contributed unused books to the Third World book scheme.

Mr McMullan proposed a vote of thanks, passed by acclamation, to the president for her excellent work during the year. He said that despite the distance she had to travel Miss Watson had fulfilled all her duties in an exemplary manner. ■

in the method of reimbursement to pharmacy contractors, the Committee be consulted before any firm or tentative proposals are made for the introduction of detailed schedules within the Tariff.

■ The Committee was informed that protracted correspondence had taken place between the PSNC and DHSS over the range of dressings in Part VI of the Tariff. It was agreed that the PSNC office should prepare a list of suitable dressings for inclusion and that further representations be made.

■ The Committee received a letter stating that one of the NPA Board representatives on PSNC, Mr P.E. Taylor, was resigning because of business pressure. ■

PSNC MEETING

Notional salary up to £10,350

The DHSS offer of a 6 per cent increase in the proprietor pharmacist's notional salary for 1981 has been accepted by the Pharmaceutical Services Negotiating Committee.

Meeting on October 14, the Committee agreed to the figure "in the light of the general level of settlements reached in the health sector during the year". The increase raises the notional salary to £10,350.

■ It was reported that the Tenterden fund instigated by PSNC stood at just under £90,000 and that the costs of the case could therefore be met. Any surplus would be place in a special account and LPCs would be consulted as to its future use in furthering the interests of rural pharmacy.

Panel's first tasks

■ The first issues the Pharmacy Review Panel will be asked to consider are the net profit margin (referred by the Department of Health) and property costs (referred by PSNC). The terms of reference for the two issues are: *Profit margin* "To consider what change, if any, is required in the profit formula established by the

Franks Panel, and from what date, and to make recommendations". *Property costs*: "To consider the basis of allocation of pharmacy property costs between NHS and retail and to make recommendations".

■ The Committee agreed to make representations to the DHSS that where local arrangements permit the closure of pharmacies on Saturday December 26, rota payments on that day be made at the public holiday rate in addition to Boxing Day, which has been moved to Monday December 28.

■ Following representations to the DHSS some months ago, agreement has been received for deletion of all barbiturate preparations from the common pack list (Drug Tariff Part IV).

■ The Committee received a copy of a DHSS letter addressed to all manufacturers of stoma appliances and portable urinals, asking for lists of the products supplied through Part VI of the Drug Tariff, in order that the Department could prepare and maintain a comprehensive schedule of such products (including the up-to-date prices). The Committee agreed to request that, as the proposals could involve possible changes

'Contact SDP now'

As the Social Democratic Party has yet to issue a firm statement on health policy, now is the time to attempt to influence local party members, says the Pharmaceutical Services Negotiating Committee in a note to LPC members. LPCs are urged to ensure that party members are fully conversant with pharmaceutical viewpoints relating to Health Service policy. ■

Peace offering

Mr Dennis Pay is willing to drop his plan to open two part-time pharmacies in the Tenterden satellite villages if the dispensing doctor partnership reverts to its previous activity and limits doctor dispensing to patients in those two villages.

This olive branch was held out to a member of the medical Press last week and appears in a leading article in the *General Practitioner*. The article gives details of Mr Pay's proposal as outlined in at the Rural Pharmacists Association conference, and suggests that it might cost the medical practice involved over £10,000 a year if successful. ■

News in brief

■ Chemists and appliance suppliers in Northern Ireland in July dispensed 982,700 prescriptions (605,527 forms) at a gross cost of £3,904,344 with an average cost of £3.97 each.

■ The first edition of the *Times Health supplement* is being published October 30. Appearing weekly, the supplement will cover every aspect of health policy, and "provide a forum for opinion."

■ A proposal has been issued jointly by the Ministry of Agriculture, the Department of Health and the Welsh Office, to amend the Erucic Acid in Food Regulations 1977 to include a method of analysis for determining the erucic acid content of oils and fats intended for human consumption and foodstuffs containing added oils and fats.

Cumulative prescription statistics — January 1 to July 31, 1981

	1981	1980	+ / —	% + / —
(a) England only				
Total number of prescriptions	175,645,000	179,003,222	—3,358,222	—1.87
Total cost	£583,958,946	£505,896,273	+ 78,062,673	+ 15.43
(b) Wales only				
Total number of prescriptions	13,722,708	13,898,143	—175,435	—1.26
Total cost	£44,391,937	£38,749,174	+ 5,642,763	+ 14.56

Treat 'em rough

For some time now I have been pondering on the future role of the general practice pharmacist and like many of your correspondents would like to see the professional image of the pharmacist enhanced. However, before we can improve our standing in the eyes of the public we must first identify and come to terms with our problems:— (1) pharmacists are too easily accessible to the public; (2) pharmacists give a good service and sound and free advice; (3) pharmacists and their assistants are polite and will go to great lengths to assist people. Indeed, with a set of problems like this, one may well seriously wonder if we will ever have an credibility at all!

The pharmacist of the future should be kept very well hidden from the public who, when they present a prescription for dispensing, are told that the pharmacist is far too busy to be bothered with such trivial matters at this time: the patient should be given an appointment to collect the prescription in three days' time.

This information should be imparted by an officious and ill-mannered assistant, who must do her utmost to make the patient feel guilty about being ill in the first place. Needless to say, in three days' time when the patient returns for the prescription, under no circumstances should it be ready, as they need another mouthful of abuse to put them in their place.

This approach of inaccessibility and rudeness would create a mystique about the pharmacist, since if the public is told often enough that pharmacists are overworked and too busy to deal with them (especially during an influenza epidemic when we could have "Please do not bother your pharmacist" plastered across TV screens) they will inevitably assume that we must be doing something really scientific and technical behind the dispensary hatch.

I know that these suggestions may seem a little drastic, but they seem to work very well for other professions held in much higher esteem than ours.

B. Wells
Withernsea

Return to the pool

In what was considered by all to be a worthy and somewhat heroic effort by Mr Dave Hall of *Medi-economics* in the lions den at the RPA conference, he expressed the opinion that we should aim at acquiring the profit margins that the negotiators for the doctors had obtained, rather than "knocking" the doctors for

coming out best in the exchange.

This raises fundamental issues. If we were to obtain these profit margins the costs would be astronomical, and are therefore completely out of the reckoning. But any increase in payments to pharmacists seem always to be followed by a payment to the dispensing doctor, and every payment to dispensing comes from the pharmaceutical pool — which means there is less in the pool to distribute to pharmacists.

If we look at a different issue, and we were to suggest the converse of the above, (ie, bring the profit margins down to the levels paid to pharmacists) a far more feasible study is produced. The DHSS will save money, the extra money saved could be available for redistribution in the pharmaceutical pool. Such realistic profit margins, though perhaps below the aims of the PSNC, would in fact be most acceptable to rural pharmacists if it would mean that the doctor would opt out of dispensing and leave the job for the pharmaceutical profession to carry out.

Once the gravy train has been halted, other simpler channels of revenue may be searched for.

John Davies,
Secretary, Rural Pharmacists Association
Wiveliscombe, Somerset.

Cut out waste

Once again the soaring drug bill is receiving Treasury attention: prescription charges will inevitably rise and proposals for a cash limit on GP spending are being aired. Ministerial axes are being honed and who can say that those at present exempted from charges will always remain so? Also, the "pill" may not always have the exclusivity of exemption that it at present enjoys. Other "squeeze" methods are bound to be considered and again a most vulnerable target is the pharmacist.

It is estimated that the drug bill is 22 per cent higher than last year's astronomical £640m. At the then impending charge of £1 per item I suggested through the courtesy of your Letters column that increasing the charge on prescriptions with the sole purpose of bringing in revenue does precisely the opposite. GPs inevitably prescribe larger quantities with the result that any revenue received is swallowed up by an escalating drug bill. Recent figures corroborate this view.

I submit that vast sums could be saved by a concentrating upon the elimination of waste, and conscientious prescribing, in that the prescriber is aware of the cost of his prescription. If a dramatic reduction in the size of the prescription bill was accepted, the ideal to which most pharmacists would agree — the abolition of prescription charges — is a possibility.

Moreover, from those savings pharmacists may reasonably lay prior claim to substantial improvement in remuneration for the services they provide, rather than the amount of stock

they issue.

D.R. Gough
Gateacre, Liverpool

No comment

This week's *Super Marketing* contains articles on pharmacy, as follows:—

1. "Grocers move into chemists' domain".
2. "Pharmacists kept on their toes".
3. "Ways to overcome prejudices" (Safeways pharmacy superintendent).
4. "Druggists rely more on NHS business".
5. "We complement . . . we do not compete" (multiples on "in-store" pharmacies).
6. "Trouble in store?" (about Boots).
7. News items about Johnsons soap Flo-thru which is being marketed by Johnsons Wax
8. Bic Razors.
9. Golden Babe "Atrixo" hand cream offer.
10. Sodastream's new Mr Fizzy apparatus.
11. Free travel promotion from Dixcel.
12. A full-colour two-page-spread from Beechams Medicines for the grocer, highlighting the new Beechams Powders mentholated.
13. A brief article on the legal requirements needed to establish a pharmacy.

The leader speaks of much activity in the supermarketing world in the direction of establishing pharmacies within stores.

S.T. Swaddle
Whiteley Bay

Users' group

Following the letter from one of us (Mr M. Valentine), a number of pharmacists have expressed interest in the formation of a pharmacy computer users' group. We have, therefore, arranged an inaugural meeting on Sunday December 13, at the Queen's Medical Centre, Nottingham.

The meeting will include short talks by Mr Stuart Watson (Trent Regional Health Authority), Mr J. Barrie Thompson (Bournemouth) and Dr Adrian Brodrick (Harrogate General Hospital). There will be a business meeting to launch the group, and a trade exhibition by several companies who supply computer equipment for pharmacists. There will be no fee for the meeting, but a small charge may be payable for refreshments.

If you wish to attend the meeting, please write to Mr J.V. Wilson, District Pharmaceutical Officer, Queen's Medical Centre, Nottingham, before December 4.
M. Valentine, Rotherham
J.V. Wilson, Nottingham

NEWS EXTRA

IPM conference — 'we are consulted'

A survey carried out by a Birkenhead pharmacist has shown that 61 per cent of people seek advice from pharmacists about illness.

This figure is almost double that reported by "Which?", the Consumers Association magazine, in 1975 and contrasts sharply with the 2 per cent reported in the General Household Survey of 1979. Of those seeking help only 5 per cent were not satisfied with the advice given.

Mr Douglas Bentley, a pharmacy manager with C. W. Penny Ltd, gave the statistics in his Janssen award lecture on "Counter prescribing — its nature, volume, potential and value to the community", presented to the Institute of Pharmacy Management International conference this week. Questions were put to about 200 members of the public in the street, picked at random in three different towns.

More than half those seeking advice preferred to go to a small pharmacy, some believing it was easier to see and get to know the pharmacist; 15 per cent preferred larger multiples; one person who travelled frequently always used the nearest branch of the same company because the service was consistently good. The remaining 25 per cent thought there was no difference in the quality of advice given in different pharmacies and they made use of the most convenient one. 39 per cent were not aware that it was legally necessary for a pharmacist to be on the premises and to display a certificate when the pharmacy was open. ■

Unichem for Cyprus

Unichem's next pharmaceutical convention will be held in Cyprus, commencing October 16, 1982. The week-long event is open to all pharmacists and "combines business with pleasure". Accommodation for singles, doubles or families will be at either the five-star Apollonia Beach Hotel or neighbouring Pegasus apartments — both overlooking the sea and three miles from the centre of Limassol.

Arrangements are being handled by Soler Touriste — Unichem's own travel agency — and a special conference brochure and booking form will be sent out after Christmas. ■

Recession increases tension headaches

The economic climate has led to a 40 per cent increase in the occurrence of tension headache with stress and strain a more important factor now than when the Markon survey was conducted four years ago.

The survey found that about two-thirds of tension headache sufferers have at least one headache a week generally starting in the morning and lasting about four hours.

The most vulnerable group in society was found to be the skilled manual workers whose greatest worry was bringing up their children but there was also a strong showing in the 16-30 age group worrying about employment prospects.

Three women suffer from tension headache to every one man and although OTC products are still being brought at the same level the report found that they were generally considered ineffective. The use of tranquillizers for tension headache had decreased by 50 per cent and sufferers, it was found, were reluctant to visit the doctor as they did not consider their symptoms important enough. *Markon, Old Kiln House, Silchester Road, Tadley, Basingstoke, Hants RG26 6PX.* ■

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A World of Difference

Pears found guilty over Astral jar design

A & F Pears Ltd have been found guilty by a jury of misleading their customers by selling Astral moisturising cream in jars which have double skins.

At Croydon Crown Court the company was this week accused under the Trade Description Act of applying a false description by means of the design of the blue plastic jars. Judge David Thomas said it was now up to the producers, manufacturers and suppliers in the trade to put matters right, and he adjourned the hearing to October 30, to enable Pears to state what they intend doing to comply with the law.

Mr John Passmore, weights and measures officer for Lambeth Council at the time, said he bought a 54g jar of Astral cream. He cut it open and found the jar had a double skin and a false bottom, making the jar 30 per cent bigger than the volume of cream it held. Mr Passmore said he later bought a 440g size and this had a single skin.

Cross-examined by Mr John Marriage, QC for Pears, Mr Passmore agreed that the weight of the cream was stated on the side of the jar; he had never had any complaints from the public concerning the jar. Mr Marriage showed him several items, including a box of chocolates, corn flakes, salmon spread, pet food and dolly mixtures, none of which completely filled their containers, and Mr Passmore said he had never received any complaints about these either.

Counsel also produced 22 cosmetics containers, 16 of which were double-skinned and the remainder in very thick glass. Mr Passmore again admitted not ever having received any complaints about them.

Sangers Wood Green depot takes in SAL

Sangers largest depot which was opened just a year ago at Wood Green in North London, is to be taken over by their Agencies activities.

Sangers Agencies are taking over 30,000 sq ft of warehouse space and larger accommodation at the distribution complex to cope with further expansion. At the same time, the pharmaceutical division will reorganise its operations there by servicing customers on the edges of territories, currently covered by Wood Green, from branches at Bedford,

Mr Raymond Cox, secretary of Pears (part of the Unilever group) said the company began selling Astral in 1949 and began using the double-thickness jars in 1973. They had been bought "off-the-shelf" from a manufacturer.

The double-skin jars had an interior tapered shape, to correspond with the traditional jar shape used previously, and to make it easy for the customer to extract all of the cream. The purpose of the outer skin was to make the jars easier for stacking, and to allow more space on the sides for all the necessary words, such as the name of the product and the weight.

After the guilty verdict by the jury (which included four women) the judge said: "All those concerned in packaging, particularly of moisturising creams, which are marketed by a large number of firms, should so arrange their affairs that they do not infringe the Act.

"I do not regard this company's conduct as being in any degree criminal, but it is important that the Act is observed". The judge said he would adjourn the case as he wanted to know from Pears what they were going to do to remedy the false and misleading description conveyed by the jar. Mr Marriage replied that, at this stage, he did not know what proposals would be put forward.

Judge Thomas said the prosecution would mean that producers, manufacturers and suppliers would now have to take steps to put things right. He did not think there would be much point in other local authorities proceeding with any prosecutions they might have until the company's intentions were heard on Friday. ■

Reading and Mitcham.

Sangers say the new arrangement, which is effective from November 2, will enable the branch to "improve its comprehensive service to North London customers".

The Agencies move will be effective from the New Year. They are currently operating from 15,000 sq ft equally divided between Wood Green and Warrington. This move doubles warehouse space and brings offices and warehouse on one site.

Sangers say Warrington is to continue as one of their most important pharmaceutical distribution centres. ■

Gibbs confirm exit from sunglass market

Elida Gibbs are pulling out of the sunglass business because of the "relentless decline" in the market. Goggles are currently claimed to be the third best selling sunglasses in the UK with some 10 per cent brand share, but the company says poor Summers over the past five years coupled with the recession has reluctantly prompted this action.

Remaining stocks have been disposed of to an as yet undisclosed third party, who Gibbs state "has expressed an interest in export opportunities". There would, of course, be concern throughout the trade if the products found their way onto the UK market at prices below the norm.

No outstanding orders are said to exist, but any customer returns or complaints should be referred to Gibbs — until December 31 — for passing on to the buyer of the stocks.

Goggles were launched in 1977 and soon established themselves as a major force. By 1980 they were claiming an 11 per cent brand share and spending some £209,000 on advertising against Polaroid's £189,119 and Foster Grant's £179,710. Brand awareness was therefore kept to the



forefront and in marketing terms Goggles were thought to be a "highly successful" operation. Despite this Gibbs now consider the market potential "not to be as great as we would wish to consider further years investment".

Goggles were not alone in feeling the pinch of the economy and the weather, and Polaroid are now concentrating on the lower end of the market, while Foster Grant — estimating the market to be 18 to 20 per cent down on last year — have cut back on both models and prices.

Foster Grant expressed no surprise at the withdrawal of Goggles, firmly believing that it would be unrealistic to expect the market in its current state to support three major brands in similar price brackets.

Disagreeing with Gibbs, they put Goggles current market share at only 2 to 3 per cent and do not therefore expect to benefit from the action to any great extent. Moreover, Foster Grant say Goggles were not operating heavily in their primary market — independents — and much of the share they might have expected to take from Gibbs has already come their way. ■



A ten year business partnership has been marked with a double presentation in Switzerland. Mr Bernard Sparling (left), general manager of Pharmagen Ltd, is seen presenting a Caithness cut-glass rose bowl to Mr Guido Willi, vice-director of Pharmaton of Lugao. Mr Willi, who spoke of "a successful and enduring relationship with our British partners" presented a framed historic print of Lugano to Mr Sparling

Rights on services

Consumers' existing rights when they pay for a service — from electrical repairs to D&P — should be set out in a new Act, in the same way the Sale of Goods Act protects those buying goods, says the latest report from the National Consumer Council.

NCC stress that they are asking for a slight change in the law only, the primary rationale being to set out clearly and simply existing rights which have grown up piecemeal over the past hundreds of years. "Service Please — Services and the law: a consumer view" (£2.00) NCC, 18 Queen Anne's Gate, London SW1H 9AA. ■

Briefly

■ **Cliro Perfumeries** have taken over the toiletry and make-up bag concern, Grosvenor of London.

■ **Roussel Laboratories** is starting work for completion by June next year on a unit for chemical pharmacology and organic chemistry work at Covingham, Swindon.

■ **The Marketing Business** is a new marketing consultancy set up by Peter Murphy, who has spent the past 10 years with Revlon, Max Factor and Plough (UK). The company may be contacted at: 37 Green lane, Addlestone, Surrey KT15 2TZ. Tel: Weybridge 42978.

■ **Optrex Ltd** are moving to: Optrex House, Jays Close, Basingstoke, Hants RG22 4LT effective from November 9. Telephone number remains unchanged. The move is the initial phase in a £2m development which will eventually see the transfer of their manufacturing facilities to this site (C&D, March 14, p513).

MARKET NEWS

Bargains ignored

London, October 27: Spot offers of crude drugs and essential oils at prices which appear to be bargains when compared to the replacement values at origin have made little impact on buyers. Ceylon citronella oil which in July reached £3.50 kg on the spot and which gradually fell to £2.65 by earlier this month, turned firmer during the past week. Chinese anise at £15 kg on the spot is now at its peak price for the year so far. Elsewhere cananga fell by 80p kg and *arvensis* peppermint prices were somewhat erratic.

Liquorice root fell sharply for the second successive week and spot offers for the root became available. Dearer among crude drugs were Cape aloes, cascara, benzoin, ipecacuanha and sarsaparilla. China star anise quotations were resumed after several weeks' absence. Pepper was easier while ginger and nutmeg were dearer. ■

Pharmaceutical chemicals

Adrenaline: (per g) 1 kg lots base £0.35; acid tartrate £0.30.
Aloin: micro-crystalline £31 kg in 50-kg lots.
Caffeine: BP anhydrous £5.26 kg for 250-kg minimum.
Chloral hydrate: 50-kg lots £2.55 kg.
Magnesium trisilicate: Light £0.74 kg; heavy £0.72 kg in minimum 900-kg and 1,200-kg lots respectively.
Oxalic acid: Recrystallised £1.59 kg for 50-kg lots.
Physostigmine: Salicylate £2.67 per g; sulphate £3.62 in 100-g lots.
Potassium diphosphate: in 50-kg lots, granular £2,340 metric ton; powder £2,950 ex works.
Potassium hydroxide: Pellets BP 1963 in 50-kg lots £2,183.50 metric ton; technical flakes £766 ex works.
Potassium nitrate: Recrystallised £1.56 for 50-kg drums.
Potassium phosphate: monobasic BPC 1949. £1.61 kg in 50-kg lots.
Sodium acid phosphate: BP crystals £1.36-£1.49 kg as to source for 50-kg lots.
Sodium benzoate: £0.70 kg in 500-kg lots.
Sodium bicarbonate: BP from £156.40 metric ton as to grade in minimum 10-ton lots delivered UK. (From October 1).
Sodium chloride: Vacuum dried in 10-ton lots delivered London 4-ply bags £47.56 metric ton.
Sodium citrate: Granular £891 metric ton; powder £911. Five-ton contracts £886 for granular — all in lined bags.
Sodium fluoride: in 50-kg lots £2.43 kg ex works.
Sodium gluconate: Technical £756 metric ton.
Sodium nitrate: Recrystallised £1.24 kg for 50-kg lots.
Sodium nitrite: BPC 1973 £1.29-£1.32 kg as to maker for 50-kg lots ex works.
Sodium perborate: (per 1,000 kg) monohydrate £723; tetrahydrate £430.
Sorbitol: Powder £790 metric ton; syrup £395-£410 as to grade.
Talc: BPC sterilised £701 metric ton in 50-kg; £434 for 1,000-kg lots.
Theophylline: Anhydrous and hydrous £5.63 kg in 100-kg lots — ethylene diamine £6.08 kg.
Zinc acetate: Pure £1.43 kg in 50-kg lots.

Crude drugs

Aloes: Cape £1,480 metric ton spot; £1,470, cif. Curacao £2,750, cif.
Balsams: (kg) **Canada:** Unchanged at £12.35 on the spot, shipment £12.30 cif. **Copaiba:** £5.45 spot; £5.35, cif. **Peru:** £10.80 spot; £10.85 cif. **Tolu:** Spot £5.30.
Camphor: Natural powder £10.25 kg spot; £9.25, cif. Synthetic 96% £1.30 spot; £1.23, cif.
Cascara: £1,455 metric ton spot; £1,440, cif.
Ginger: Cochín £650 metric ton spot; £600, cif. Other sources not quoted.
Ipecacuanha: Matto Grosso no offers; Costa Rican no spot; £38.50 kg, cif.
Jalap: Brazilian £2.15 kg, cif.
Kola nuts: £400 metric ton spot; £300, cif.
Liquorice: Root, £560 metric ton spot; £580 metric ton, cif. Block juice £1,400 metric ton spot.
Lobelia: European, no spot, £1.48 kg, cif.
Menthhol: (kg) Brazilian £6.10 spot, £6.45, cif. Chinese £6 spot; £5.90, cif.
Nutmeg: (per metric ton fob) Grenada 80s \$2,850 sound unsorted \$2,250, defectives \$1,350.
Pepper: (metric ton) Sarawak black £900 spot, \$1,450, cif; white £1,300 spot; \$2,050, cif.
Sarsaparilla: Jamaican no spot; £3,050 metric ton, cif.
Seeds: (metric ton, cif). **Anise:** China star £1,600. **Celery:** Indian £500. **Coriander:** Moroccan £350. **Cumin:** Indian £685. **Fennel:** Chinese £475. **Fenugreek:** Moroccan unavailable; Indian £350.

Essential oils

Anise: (kg) Spot £15; £14, cif.
Camphor: White £1.15 kg spot; £1.02, cif.
Cedarwood: Chinese £1.92 kg; £1.85, cif.
Citronella: Ceylon £2.75 kg spot; £2.25, cif. Chinese £3.80 spot; £3.72, cif.
Peppermint: (kg) *Arvensis* — Brazilian £6.30 spot; £6.40, cif. Chinese £3.85 spot; £3.65, cif. American piperata £13.50.
Sandalwood: Mysore £56 kg spot. East Indian £54 spot.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Far Eastern NPA

The National Pharmaceutical Association are offering their members a 12-day tour of Japan and Hong Kong.

It begins on May 17, 1982, with a flight from London to Tokyo where four days are spent. Other venues in Japan include Hakone, and Kyoto and the tour takes in Kamakura, Mount Fuji and a cruise across Lake Ashi. There is a flight to Hong Kong on May 25 returning to London on May 29. The cost is £959 and this includes all flights, hotels, breakfasts, several dinners and all arranged tours.

Participants may want to extend their stay to coincide with the Pharmaceutical Society of Australia's sixth annual refresher course which is being held June 1-5 in southern Japan. The cost of this is not included. Further information from *Perrins Marketing Services, NPA Tours, Moreton-in-Marsh, Glos GL56 0HE. Telephone 0608 50116.* ■

Monday, November 2

East Metropolitan Branch, Pharmaceutical Society, Churchill room, Wanstead Library, Spratt Hall Road, Wanstead, at 8pm. Professor J. Melling on "Microbial Toxins associated with food poisoning."

Tuesday, November 3

Harrow and Hillingdon Branch, Pharmaceutical Society, Northwick Park Hospital clinical lecture theatre, at 7.30pm. Dr M. Aslam on "The role of the Hakim."
Ayrshire Branch, Pharmaceutical Society. Visit to Beechams factory, departing 7pm.
Stirling Branch, Pharmaceutical Society, Station Hotel, Stirling, at 8pm. Mr David Parke on dyspepsia.

Wednesday, November 4

Sheffield Branch, Pharmaceutical Society, Jessop Hospital lecture theatre, at 8pm. Mr D. Hubbard on "Computers in the High Street. Prosper and Pride."

Thursday, November 5

Huddersfield Branch, Pharmaceutical Society. Visit to Halifax Building Society Head Office, departing 6.50pm.
Hounslow Branch, Pharmaceutical Society, West Middlesex Hospital lecture theatre, Twickenham, at 7.45pm. Dr A. Clark on "New insulins — new hope for the diabetic."
Society of Cosmetic Chemists, Royal Society of Arts, 6 John Adam Street, London WC2, at 6.30pm. K. Coupland on "Recent advances in surfactant technology."
Brighton Branch, Pharmaceutical Society, Postgraduate medical centre, Brighton General Hospital, at 7.30pm. Dr C. Marriott on "Mucous, cough and contraception".

Advance Information

L'Oreal hair care evenings for chemist and departmental store assistants, Southampton, November 2, Colchester November 3 and London November 4. Further details available from L'Oreal's London office (01-629 8240).

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X2 — BIRKENHEAD — This old
established pharmacy turnover is
currently running at £120,000 plus
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per month. Property available for
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X3 — LANARKSHIRE — Retirement
vacancy lock-up Corporation
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X4 — SUFFOLK — This delightful
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Norfolk border offers charming
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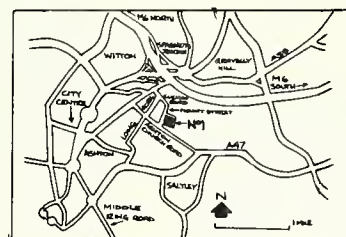
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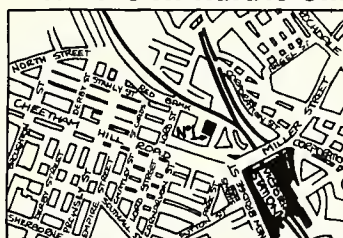
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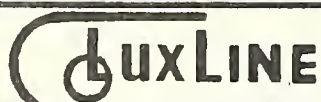
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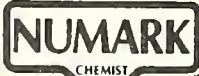
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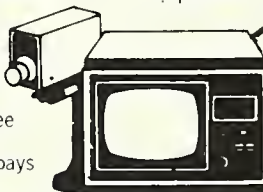
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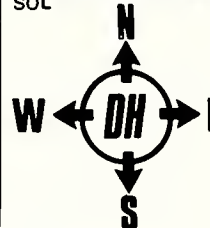
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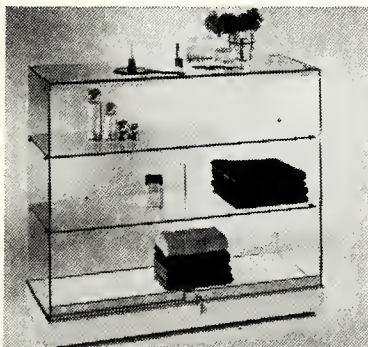
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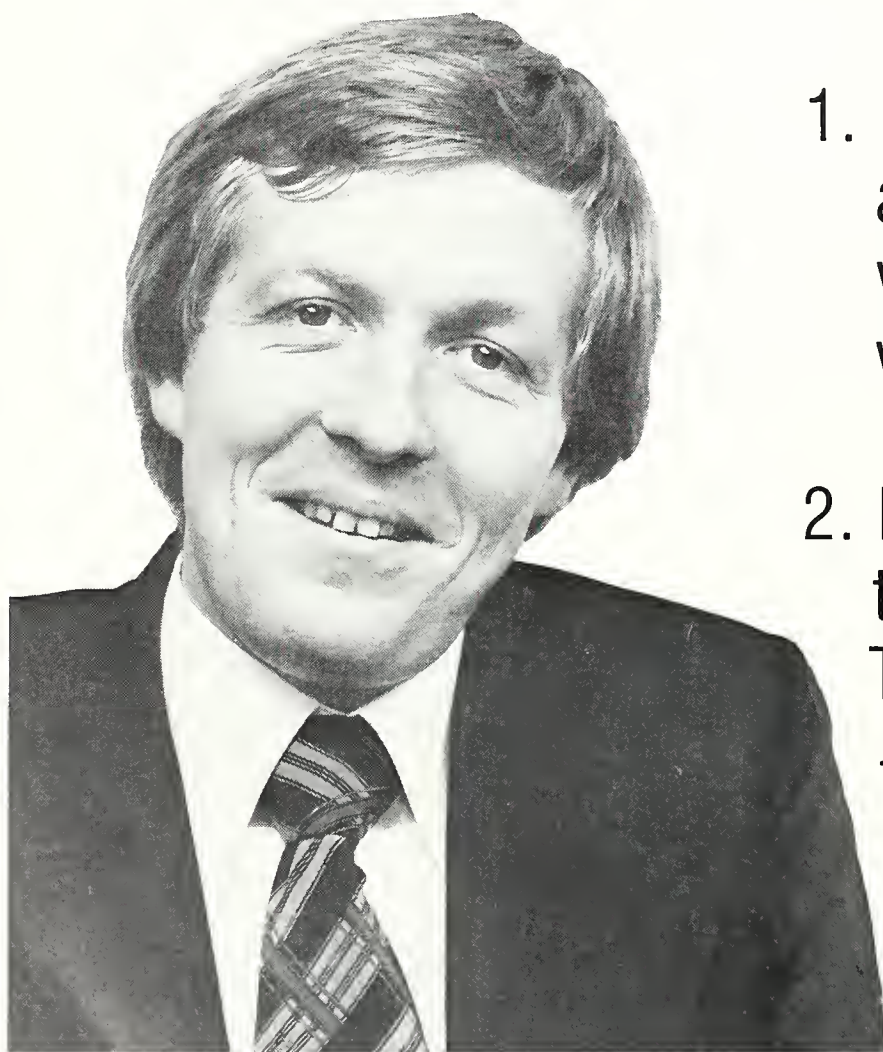
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